




# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90093 049 \*\*\*\*50.00

<b>DOCUMENT # L00000013245</b> 1. Entity Name <b>DADE PINE PARTNERS LLC</b>					
Principal Place of Business <b>7236 SW 56TH AVE</b> <b>MIAMI, FL 33143</b>			Mailing Address <del>12374 SW 82ND AVE</del> <del>MIAMI, FL 33156</del>		
2. Principal Place of Business  Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>18001 Old Cutler Road</b> <b>Suite 362 M</b> <b>Palmetto Bay, FL</b> <b>33157</b> Country			
4. FEI Number <b>65-1050533</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Chg-LLC      CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>STONE, ADELE I ESQUIRE</b> <b>% ATKINSON, DINER, STONE, PLOUCHA ET AL.</b> <b>1 FINANCIAL PLAZA SUITE 1400</b> <b>FT. LAUDERDALE, FL 33394</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>CK # 1149</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ADAMS, MAURICE <del>12374 SW 82 AVE</del> <del>MIAMI, FL 33156</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3272 Matilda Street</b> <b>Cocunut Grove, FL 33133</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ADAMS, ELIZABETH G <del>12374 SW 82 AVE</del> <del>MIAMI, FL 33156</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3272 Matilda Street</b> <b>Cocunut Grove, FL 33133</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			<b>7/17/06</b> <b>305 479 7064</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date      Daytime Phone #		