2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State
02-17-2004 90194 001 ****50.00

DOCUMENT # L01000001601

1. Entity Name
PINEL PROPERTIES, L.C.

Principal Place of Business	Mailing Address
824 N. HIGHLAND AVENUE ORLANDO FL 32803	824 N. HIGHLAND AVENUE ORLANDO FL 32803

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
940 N. Highland	940 N. Highland
Suite, Apt. #, etc. 104	Suite, Apt. #, etc. 104
City & State Orlando, Fl	City & State Orlando, Fl
Zip 32803 Country USA	Zip 32803 Country USA

4. FEI Number 59-3695905 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAMER, CHARLES W
1411 EDGEWATER DRIVE
100
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	PINEL, THOMAS JR.		NAME	
STREET ADDRESS	824 N. HIGHLAND AVENUE		STREET ADDRESS	940 N. HIGHLAND AVE, STE 104
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	MGRM	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	PINEL, JOHN		NAME	
STREET ADDRESS	824 N. HIGHLAND AVENUE		STREET ADDRESS	940 N. HIGHLAND AVE, STE. 104
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	ORLANDO, FL 32803
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 3/4/04 407-648-4886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #