2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L01000007336

1. Entity Name PINELAND DEVELOPMENT, LLC



FILED Mar 29, 2004 08:00 AM Secretary of State

Principal Place of Business

255 MAGNOLIA AVE., SOUTHWEST WINTER HAVEN, FL 33880

Mailing Address

P.O. BOX 2295

WINTER HAVEN, FL 33883-2295



03102004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	 Applied For
59-3730316	Not Applicable
5. Certificate of Status Desired	5.00 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

TURNER, MARK G ESQ. 255 MAGNOLIA AVE. WINTER HAVEN, FL 33880

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	bove named entity submits this statement for the purpose of cha bligations of registered agent.	anging its registered office or registered agent, or bo	th, in the State of Florida I am familiar with, and accept
SIGNAT	JRE	(NOTE. Registered Agent signature required when reinstating)	DATE

Filing Fee is \$50.00 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	TURNER INVESTMENTS, LTD.
STREET ADDRESS	P.O. BOX 2295
CITY-ST-ZIP	WINTER HAVEN, FL 338832295
TITLE	MGRM
NAME	DARDEN, DOUGLAS
STREET ADDRESS	P.O. BOX 9309
CITY-ST-ZIP	WINTER HAVEN, FL 338839309
TITLE	MGRM
NAME	BAKER, CECIL
STREET ADDRESS	P.O. BOX 536
CITY-ST-ZIP	LAKE ALFRED, FL 33850
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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U00000099061 03/29/04-80068-005 50.00

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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.

MARK G. TURNER, AS President of Turner Management Services,

Corporation, as General Parnter of Turner, Investemnts, Ltd. SIGNATURE:

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 3/3/2004 Date SIGNATURE AND TYPE

Daytime Phone ₹