

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000007336

1. Entity Name  
PINELAND DEVELOPMENT, LLC



Principal Place of Business  
255 MAGNOLIA AVE., SOUTHWEST  
WINTER HAVEN, FL 33880

Mailing Address  
P.O. BOX 2295  
WINTER HAVEN, FL 33883-2295



02092005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3730316

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TURNER INVESTMENTS, LTD.  
P.O. BOX 2295  
WINTER HAVEN, FL 338832295

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DARDEN, DOUGLAS  
P.O. BOX 9309  
WINTER HAVEN, FL 338839309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BAKER, CECIL  
P.O. BOX 536  
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

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: MARK G. TURNER 2/23/2005 (863)293-1184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

as President of Turner Management Services Corp., a Florida corporation,  
as General Partner