2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000007336

1. Entity Name
PINELAND DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
255 MAGNOLIA AVE., SOUTHWEST WINTER HAVEN, FL 33880	P.O. BOX 2295 WINTER HAVEN, FL 33883-2295

02152006No Chg-LLC CR2E083 (11/05)

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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

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6. 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, 2006

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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03/20/06-80026-012 50.00

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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: _____ President, Turner Investments LTD. 2/28/06 (863)293-1854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #