


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008029 1. Entity Name PINE TREE, L.L.C.	
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Principal Place of Business 2147-G PORTER LAKE DRIVE SARASOTA, FL 34240	Mailing Address 2147-G PORTER LAKE DRIVE SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1105512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SPRINGER, BILLY 2147-G PORTER LAKE DRIVE SARASOTA, FL 34240
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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 rechartering) DATE _____

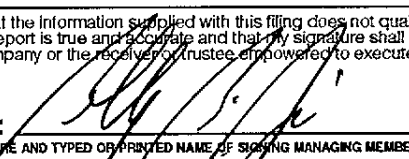
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SPRINGER, BILLY B 2147-G PORTER LAKE DR SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WALSH, DAVID C 15621 EASTBURN DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILSON, ROBERT A 2147-G PORTER LAKE DR SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ELLIS, W. FRANKLIN 710 HOLLYBRIAR LANE NAPLES, FL 341088264
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FAUSTER, BERNADETTE 2147-G PORTER LAKE DR SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000132027
04/27/04-80021-024 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 603, Florida Statutes.

SIGNATURE:  **4/22/2004**

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