2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000008029

1. Entity Name
PINE TREE, L.L.C.

Principal Place of Business	Mailing Address
2147-G PORTER LAKE DRIVE SARASOTA, FL 34240	2147-G PORTER LAKE DRIVE SARASOTA, FL 34240

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02162006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1105512
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000000455869
03/16/06-80005-013 50.00

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

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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: _____ 3/2/06 941/371-6822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #