


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000008029</b> 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**



01052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1105512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_  
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, 2007**

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	

U000000593675  
01/22/07-80041-013 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 609, Florida Statutes.

**SIGNATURE:**  **1/17/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #