

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000008029

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



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

Mailing Address
**2147-G PORTER LAKE DRIVE
SARASOTA, FL 34240**



02192008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

U000000841247
03/10/08-80009-015 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

2/25/08

941-371-6327