

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90045 005 ****50.00

DOCUMENT # L01000014473

1. Entity Name
PINEAPPLE PROPERTIES, L.L.C.



Principal Place of Business
**624 CREEL ST
MELBOURNE, FL 32935**

Mailing Address
**P.O. BOX 33275
INDIALANTIC, FL 32903**

24054046



2. Principal Place of Business

1243 N. Harbor City Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite C

City & State

Melbourne, Florida

City & State

04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number

59-3739734

Applied For

Not Applicable

Zip

32935

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MONTGOMERY, MIKE
624 CREEL ST
MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MONTGOMERY, MICHAEL S
358 W COMSTOCK AVENUE
WINTER PARK, FL 32789**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1243 N. Harbor City Blvd. Suite C
Melbourne, Florida 32935**

☒ Change ☐ Addition

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 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Michael S. Montgomery 321.
4.23.04 751-9991