

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90050 039 ****50.00

DOCUMENT # L01000014473

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



Principal Place of Business
**1243 N HARBOR CITY BLVD
STE C
MELBOURNE, FL 32935**

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

20028712



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.

01102005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
59-3739734

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

Suite A

City

Melbourne

FL

Zip Code

32935

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/05

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MONTGOMERY, MICHAEL S
1243 N HARBOR CITY BLVD STE C
MELBOURNE, FL 32935**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1243 N. Harbor City Blvd, Suite A

☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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]

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

Michael S. Montgomery

Date

4/6/05

Daytime Phone #

321-751-9991