## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 01, 2007 8:00 am Secretary of State **DOCUMENT # L01000014473** 05-01-2007 90329 010 \*\*\*\*50.00 PINEAPPLE PROPERTIES, L.L.C. Principal Place of Business Mailing Address 1243 NORTH HARBOR CITY BOULEVARD P.O. BOX 33275 60047217 INDIALANTIC, FL 32903 SUITE A MELBOURNE, FL 32935 2. Principal Place of Business - No P.O. Box # Mailing Address Horbor City Blud 243 N. Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 CR2E083 (12/06) Chq-LLC Suite City & State City & State 4. FEI Number Applied For lelbourne, 59-3739734 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 14 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONTGOMERY, MIKE Street Address (P.O. Box Number is Not Acceptable) 1243 NORTH HARBOR CITY BOULEVARD SUITE A MELBOURNE, FL 32935 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 agen 4-27-0 SIGNATURE nt and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TILE TITLE ☐ Delete Change ☐ Addition MONTGOMERY, MICHAEL S NAMÉ NAME STREET ADDRESS 1243 NORTH HARBOR CITY BOULEVARD SUITE A STREET ADORESS MELBOURNE, FL. 32935 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete πпε ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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.

4.27.07