

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90024 006 ***138.75

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04202008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L01000014473 1. Entity Name PINEAPPLE PROPERTIES, L.L.C.					
Principal Place of Business 1243 NORTH HARBOR CITY BOULEVARD SUITE C MELBOURNE, FL 32935			Mailing Address 1243 NORTH HARBOR CITY BOULEVARD SUITE C MELBOURNE, FL 32935		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address P.O. Box 33279 Suite, Apt. #, etc.		
City & State Zip Country			City & State Indianalantic, FL Zip Country 32903 USA		
4. FEI Number 59-3739734			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent MONTGOMERY, MIKE 1243 NORTH HARBOR CITY BOULEVARD SUITE A 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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			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 NORTH HARBOR CITY BOULEVARD SUITE A MELBOURNE, FL 32935 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. Box 33279 Indianalantic, FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Managing Member 4/21/08 <small>Date Daytime Phone #</small>					