

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90726 034 \*\*\*\*50.00

**DOCUMENT # L01000018530**

1. Entity Name  
**PINEAPPLE BLUFF LLC**

Principal Place of Business      Mailing Address  
**22 CRANDON BLVD.**                      **PO BOX 33117**  
**KEY BISCAIYNE FL 33149**              **INDIALANTIC FL 32903**

2. Principal Place of Business      3. Mailing Address  
*1873 Pineapple*                              *PO BOX 33117*  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State  
*McLennan, TX*                              *INDIALANTIC, FL*

Zip                              Country                              Zip                              Country  
*75293*                              *TX*                              *32903*                              *FL*

4. FEI Number      Applied For  
**65-1148242**                       Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BERG, DONALD L II**  
**22 CRANDON BLVD.**  
**KEY BISCAIYNE FL 33149**

7. Name and Address of New Registered Agent  
 Name: *Helena Berg - MANAGER only*  
 Street Address (P.O. Box Number is Not Acceptable):  
*1873 Tenth Street Dr*  
*Judalantic*  
 City: *Judalantic*      State: **FL**      Zip Code: **32903**

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.

SIGNATURE: *[Signature]*      DATE: *5/18/02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002.**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Donald L BERG</i> <input type="checkbox"/> Delete <i>7239 St. Andrews Blvd</i> <i>Charleston SC 29407</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Helena Berg</i> <input type="checkbox"/> Delete <i>1873 Tenth Street Dr</i> <i>Judalantic FL 32903</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*      DATE: *5/17*      Daytime Phone #: *621 409-0899*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CPR2003 (9/01)