


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90018 014 \*\*\*\*50.00


DOCUMENT # L01000021073

1. Entity Name  
 PINE TRAIL INVESTORS, LLC



Principal Place of Business 101 PLAZA REAL SOUTH ROYAL PALM PLACE, SUITE 200 BOCA RATON, FL 33432	Mailing Address 101 PLAZA REAL SOUTH ROYAL PALM PLACE, SUITE 200 BOCA RATON, FL 33432
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**DO NOT WRITE IN THIS SPACE**



05012006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0278662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CAROSELLA, JOE  
 101 PLAZA REAL SOUTH  
 ROYAL PALM SOUTH, SUITE 200  
 BOCA RATON, FL 33432

*Plaza*

**DO NOT WRITE IN THIS SPACE**

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: *Joe Carosella* Joe Carosella May 1, 2006  
Signature, typed or printed name of registered agent and title (applicable) NOTE: Registered Agent signature required when reinstating DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAROSELLA, JOE 101 PLAZA REAL SOUTH #200 BOCA RATON, FL 33432
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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: *Joe Carosella* Joe Carosella May 1, 2006 561-961-1733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #