

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022005

Entity Name: PINE ISLAND 57, L.L.C.

FILED  
Apr 22, 2006  
Secretary of State

## Current Principal Place of Business:

1318 LAFAYETTE STREET  
CAPE CORAL, FL 33904

## New Principal Place of Business:

## Current Mailing Address:

1318 LAFAYETTE STREET  
CAPE CORAL, FL 33904

## New Mailing Address:

FEI Number: 03-0388841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUTTNER, OLIVER R  
1318 LAFAYETTE STREET  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

HILL, THOMAS W  
1318 LAFAYETTE STREET  
CAPE CORAL, FL 33904 US

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: HILL THOMAS

04/22/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: AUCHTER, MATTHIAS MGRM  
Address: 1105 CAPE CORAL PARKWAY EAST, SUITE C  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR ( ) Delete  
Name: HILL, THOMAS MGR  
Address: 1318 LAFAYETTE STREET  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM ( ) Delete  
Name: JUDEX- AUCHTER, MONIKA  
Address: 1105 CAPE CORAL PKWY E  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM ( ) Delete  
Name: AUCHTER, EGON  
Address: 67659 KAISERSLAUTERN/ GERMANY  
City-St-Zip: WALTER KOLB STR. 12, L

Title: MGRM ( ) Delete  
Name: AUCHTER, WILTRUD  
Address: 67659 KAISERSLAUTERN/ GERMANY  
City-St-Zip: WALTER KOLB STR. 12, L

Title: MGRM ( ) Delete  
Name: AUCHTER, GEORGIA  
Address: 67659 KAISERSLAUTERN/ GERMANY  
City-St-Zip: WALTER KOLB STR. 12, L

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: AUCHTER, MATTHIAS MGRM  
Address: 1318 LAFAYETTE STREET  
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MATTHIAS AUCHTER

MGRM

04/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date