2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# L01000022005

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

Current Principal Place of Business:

1318 LAFAYETTE STREET
CAPE CORAL, FL 33904

New Principal Place of Business:

3665 BONITA BEACH ROAD
SUITE 3
BONITA SPRINGS, FL 34134

Current Mailing Address:

1318 LAFAYETTE STREET
CAPE CORAL, FL 33904

New Mailing Address:

3665 BONITA BEACH ROAD
SUITE 3
BONITA SPRINGS, FL 34134

FEI Number: 03-0388841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ALLURE ACCOUNTING, LLC
3665 BONITA BEACH ROAD
SUITE 3
BONITA SPRINGS, FL 34134 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: MARENA LOEFFLER 03/14/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	AUCHTER, MATTHIAS MGRM	
Address:	1318 LAFAYETTE STREET	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	MGR	(X) 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:	3665 BONITA BEACH ROAD, STE. 3	
City-St-Zip:	BONITA SPRINGS, FL 34134	
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 03/14/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date