
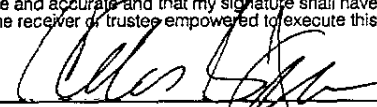


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000022740</b>		
1. Entity Name PINEBROOKE CC, LLC		
Principal Place of Business 601 BAYSHORE BLVD., STE. 650 TAMPA, FL 33606	Mailing Address 601 BAYSHORE BLVD., STE. 650 TAMPA, FL 33606	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FUNK, CHARLES B 601 BAYSHORE BLVD. STE 650 TAMPA, FL 33606		<b>DO NOT WRITE IN THIS SPACE</b>
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> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FUNK, CHARLES B 601 BAYSHORE BLVD, SUITE 650 TAMPA, FL 33606	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEEHAN, JEFFREY B 601 BAYSHORE BLVD, SUITE 650 TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  229105 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #		



04142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3507264

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

000000359008  
05/04/05-80137-009 50.00