2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED --Apr 30, 2004 08:00 AM Secretary of State DOCUMENT # L02000006265 1. Entity Name PINE CONE ESTATES, L.L.C. Principal Place of Business Mailing Address 1816 NW 19TH STFEET 1816 NW 19THSTFEET FT. LAUDEFDALE FL 33311 FT. LALDEFDALE, FL. 33311 04282004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0636264 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCNAIR, ROBERT D DO NOT WRITE 1816 N.W. 19TH STREET FT. LAUDERDALE, FL 33311 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** Signature, typed or printed name of registered apart and title if applicable (NOTE, Registered Agent algorithms required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 8. MANAGING MEMBERS/MANAGERS MGR TITLE NAME MCNAIR, WILLIE J STREET ADDRESS 1816 N.W. 19TH STREET CITY-ST-ZIP FT. LAUDERDALE, FL 33311 U00000145681 MGR TITLE ÚS/03/04-80035-022 50.00 NAME MCNAIR, ROBERT D STREET ADDRESS 1816 N.W. 19TH STREET CITY-ST-7IP FT. LAUDERDALE, FL 33311 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZIP RUE NAME

^{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.