## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 08, 2003 8:00 am Secretary of State

Principal Place of Business   Mailing Address   1816 R.W. 19TH STREET   1816 R	DOCUMENT # L0200006265  1. Entity Name PINE CONE ESTATES, L.L.C.					03-21-2003 90031 028 ****50.00				
### FT. LAUDERDALE FL 30311  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  A. FEI Number  Not Address of Status Desired  State Address of Status Desired  A. FEI Number  Not Address of Status Desired  State Address of Status Desired  State Address of Status Desired  A. FEI Number  A. FEI Number  A. FEI Number  Address of Status Desired  State Address of Status Desired  State Address of New Registered Agent  Not Address of N	Principal Place of Business Mailing Address					1				
Suite, Apt. #, etc.    City & State										
Suite, Apt. #, etc.    City & State	)	20	44.9				<u> </u>			
City & State  Country  Country  Country  Country  Country  Country  Country  S. Cwrtificate of Status Desired  States Address of New Registered Agent  States Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  S. Cwrtificate of Status Desired Agent is Number in Number is Not Acceptable)  S. Cwrtificate	2. Principal F	Place of Business	, Mailing Address				LEN DIA OBUR KUNI BUNI BUNI OBUK BUNI	<b>68</b> 116 01111 1100		
Country   Zip   Country   S. Certificate of Status Desired   S\$.00 Additional   Feb. Required   Feb. Require	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
Signature Signat	City & Stat	te	City & State			4. FEI Num 0/- 6	4. FEI Number			
MCNAIR, ROBERT D 1816 N.W. 19TH STREET FT. LAUDERDALE FL. 33311  City FL Zip Code  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 femiliar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligation of Florida Department of State of Florida Department of S	Žip	Country	Zip	Country	,	5. Certificate of Status Desired 5 5.00				
MCNAIR, ROBERT D  1816 N.W. 19TH STREET FT. LAUDERDALE FL 33311  City  City  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code  City  Signature bove 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 fertilitar with, and accept the obligation grip in district the ob	6. Name and Address of Current Registered Agent				Nama	7. Name a	nd Address of New Registere	d Agent		<u> </u>
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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 femiliar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the purpose of changing its registered office or registered office or registered office or registered agent, or both, in the State of Florida Development of the purpose of	- MCI	*			Name	, <u></u>				
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam ferrillar with, and accept the obligation of the glass of Pages by the Page 1 of Page 2 of Page 2 of Page 1 of Page 2 of Page	1816 N.W. 19TH STREET			<u> </u>	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am femiliar with, and accept the obligation of feature of State of Florids. I am femiliar with, and accept street obligation of the feature of Florids of Sepatium, update or printed name of registered steen to Florids Department of State of Florids Department of State										1
SIGNATURE  Signature, book of or primer name of inquisified layers and lites if apolicable.  NOTE: Registance Agent representatione)  FILE NOW!!! FEE IS: \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  FILE NOW!!! FEE IS: \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  CITY-ST-2P  TITLE  MGR  MCNAIR, WILLE J  1916 N.W. 19TH STREET  FI. LAUDERDALE FL 33311  TITLE  MCR  MCR  MCR  MCR  MCR  MCR  MCR  MC										
Make Check Payable to Florida Department of State Due By May 1, 2003  MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGR Delete NAME STREET ADDRESS CITY-ST-ZIP  TITLE MGR DELETE STREET ADDRESS CITY-ST-ZIP  TITLE MGR DELETE STREET ADDRESS CITY-ST-ZIP  TITLE MCNAIR, ROBERT D NAME STREET STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	the obligat	Robert DM lain K	BERT D. McI	NAIR	JR.		poth, in the State of Florida. I ar	n femillar with	, and accept	
MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 1  TITLE MCNAIR, WILLIE J 1816 N.W. 19TH STREET STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33311 CITY-ST-ZIP  TITLE MCR Delete TITLE MCNAIR, ROBERT D 1816 N.W. 19TH STREET STREET ADDRESS CITY-ST-ZIP  TITLE MCNAIR, ROBERT D 1816 N.W. 19TH STREET STREET ADDRESS CITY-ST-ZIP  TITLE MCNAIR, ROBERT D 1816 N.W. 19TH STREET STREET ADDRESS CITY-ST-ZIP  TITLE MCNAIR, ROBERT D 1816 N.W. 19TH STREET STREET ADDRESS CITY-ST-ZIP  TITLE MCNAIR, ROBERT D 1816 N.W. 19TH STREET STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP	Make Check Payable			to Flor	ida Departmei	nt of State			, pr = 4,10 ·	]
TITLE MCNAIR, WILLIE J 1816 N.W. 19TH STREET CITY-ST-ZIP TITLE MCNAIR, ROBERT D 1816 N.W. 19TH STREET FT. LAUDERDALE FL 33311  TITLE MCNAIR, ROBERT D 1816 N.W. 19TH STREET CITY-ST-ZIP FT. LAUDERDALE FL 33311  TITLE MCNAIR, ROBERT D 1816 N.W. 19TH STREET STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33311  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	y 2 Y	MANAGING MEMBERS	<u> </u>				ADDITIONS/CHANGE	1 ,		4
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	TITLE	MGR		· • · · ·			ADDITIONO, CITATOL		Addition:	8
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	NAME CTREET ADDRESS				ADDDCCC			F.*		15
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP			. *							188
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	TITLE	MGR	Delete	TITLE			w <sub>(</sub>	☐ Change	☐ Addition	18
CITY-ST-ZIP  FT. LAUDERDALE FL 33311  CITY-ST-ZIP  TITLE					ADORESS			ziţ	•	
TITLE   Delete   TITLE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Change   Addition   TITLE   Delete   TITLE   TITLE   Delete   TITLE   TITLE   Change   Addition   NAME   Addition   NAME   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   TITLE   Change   Addition   NAME   Addition   NAME   CITY-ST-ZIP   TITLE   CHANGE   NAME   CITY-ST-ZIP   TITLE   CHANGE   NAME   CITY-ST-ZIP   TITLE   CHANGE   NAME   CITY-ST-ZIP   TITLE   CHANGE   NAME   CHANGE   TITLE   CHAN		1								
STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP			- Delete				سامه فالمهيد المنطوع الأراسيدي والربية	. Change	Addition	1
CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP			<del></del>		ADORESS	<del></del>		<del></del>		
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST	-ZIP	:				
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			Defete ~					Change	Addition	
					ADDRESS					
	CITY-ST-ZIP			CITY-ST	-ZIP					Ì
TITLE Delete TITLE Change Addition	- 1	1	☐ Delete	•				☐ Change	☐ Addition	ني با
	STREET ADDRESS	Control of the Contro			ADDRESS				TAC A	1 33
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			70.214	<del>-</del>	-ZIP		4023 40. 4. 147.13	<u> </u>	and the second of the second	H
TIFLE   Change   Addition	TITLE NAME	The same of the sa	Delete		3 33		<u> </u>	Change	☐ Addition	
STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	STREET ADDRESS		*	.STREET A	a Direction	TUE 27 F4	•			
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	CITY-ST-ZIP	ertify that the information expedied with this	Filing does not qualify for the	<b>.</b>		tion 119 07/0	Wit Florida Centuana 14 share		· an economic	-1

11. I refer of cell in that the information supplied with this falling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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: Advito MENALY SEQU

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/21/03/954)413-208