## . 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Rissimmer   FL   Not Applic   Status Desired   Status D	DOCU 1. Entity Name PINE LAP	né .	# <b>L0200000737</b> , LLC	78			D	SECRET IVISION O	FILEU ARY OF ST F CORPOR	TATE ATIONS		
Suite, April 4, etc.  City & State  City & State  Country  Zip  Country  Xip  Sirreal Address of Name and Address of Current Registered Agent  Name  Address of Name and Address of Current Registered Agent  Name  Address of Name and Address of Name Registered Agent  Name  Address of Name and Address of Name Registered Agent  Name  Address of Name and Address of Name Registered Agent  Name  Address of Name and Address of Name Registered Agent  Name  Address of Name and Address of Name Registered Agent  Name  Address of Name and Address of Name Registered Agent  Name  Address of Name and Address of Name Registered Agent  Name  Address of Name and Address of Name Registered Agent  Name  Address of Name Registered Agent  Name  Address of Name and Address of Name Registered Agent  Name  Address of Name and Address of Name Registered Agent  Name  Address of Name Registered Agent  Name  Address of Name and Address of Name Registered Agent  Name  Address of Name Registered Agent	4845 SOUT	H ORANGE		BLOSSOM TRA	ill, NO.	ا م			<i>14</i> 			
Cay & State  City & State  Cit	2. Principal Pl	AMPA Ha	71									
State   Stat	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			2r	MOORE	CR2E00	33, (4/06)		
ELDRED, TINA 4845-SOUTH OBANGE BLOSSOM TRAIL, NO.9  KISSIMMEE FL 34758  B. The above named entry subject The purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered from the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered from the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered from the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered from the state of Fiorida. I am familiar with, and accept the obligations of registered from the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with and accept the state of Fiorida. I am famili	City & State							4. FEI Number NO-T APPLICABLE Applied For Not Applicable				
ELDRED, TINA 4845-SOLPH ORANGE BLOSSOM*TRALL NO.9 KISSIMMEE FL 34758  8. The above named entity supports thing 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 registeral grant orange	Zip	Country		Zip 34758	Country							
ELDRED, TINA  4845-SOLIPH OBANGE BLOSSOM TRAIL, NO. 9  TILE  MARN  MARCHIN, CHRISTOPHER  MARGE MARNAGE FL 34758  TILE  MARKE CHeck Payable to Florida Department of State  Due By September 6, 2006  TILE  MARKE CHeck Payable to Florida Department of State  Due By September 6, 2006  TILE  MARKE CHeck Payable to Florida Department of State  Due By September 6, 2006  TILE  MARKE CHeck Payable to Florida Department of State  Due By September 6, 2006  TILE  MARKE SOUTH ORANGE BLOSSOM TRAIL, NO. 9  SIRET ADDRESS  TILE  MARKE MARKE FL 34758  TILE  MARKE MARKE MARKE MARKE FL 34758  TILE  MARKE MAR	No.											
#845-SOLIPH OBANGE BLOSSOM TRAIL, NO. 9  #854 OLD TAMPA HIGHWA!  KISSIMMEE FL 34758  8. The above named entity subgrest 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 registering agent and to 6 acceptation.  SIGNATURE  SIGNATURE  MARING MEMBERS MANAGERS  TILE  MARING MEMBERS MANA	ELDRED, TINA											
#85 # OLD TAMPA HIGHWAY  KISSIMMEE FL 34758  8. The above named entry support 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 registering spanning in 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 registering spanning in the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registering spanning in the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registering spanning is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registering spanning is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registering spanning is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registering agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registering agent, or both in the State of Florida. I am familiar with, and accept the obligation of registering agent, or both in the State of Florida. I am familiar with, and accept the obligation of registering agent, or both in the State of Florida. I am familiar with, and accept the spanning agent, or both in the State of Florida. I am familiar with, and accept the State of Florida.  ITHE MARK Check Payable to Florida Department of State.  Dive By September 6, 2006  ITHE MARK Check Payable to Florida Department of State.  Dive By September 6, 2006  ITHE MARK Check Payable to Florida Department of State.  Dive By September 6, 2006  ITHE MARK Check Payable to Florida Department of State.  Dive By September 6, 2006  ITHE MA	484 KIS	SIMMEE	OBANGE BLOSSO	HATRAIL, NO. 9	Street A	Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity subgraft in statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registering agent.  SIGNATURE  Signature, typout or pretited name of inquireme agent and blor it acceptable.  Pue By Septimber 6; 2006  9. MANAGING MEMBERS / MANAGERS  10. MCRM ADDITIONS/CHANGES  TILE MORE LORED, TINA  SIRRET ADDRESS OTY-ST-2P  KISSIMMEE FL 34758  TILE  MICHINIC, CHRISTOPHER  MINCHIN, CHRISTOPHER  MAKE SIRRET ADDRESS OTY-ST-2P  KISSIMMEE FL 34758  TILE  MAKE SIRRET ADDRESS OTY-ST-2P  TILE  Change ADDRESS OTY-ST-2P  TILE  MAKE SIRRET ADDRESS OTY-ST-2P  TILE  TILE  MAKE SIRRET ADDRESS OTY-ST-2P	48				TAMPA	•						
8. The above named entity subgraft in statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registering agent.  SIGNATURE  Signature, typout or pretited name of inquireme agent and blor it acceptable.  Pue By Septimber 6; 2006  9. MANAGING MEMBERS / MANAGERS  10. MCRM ADDITIONS/CHANGES  TILE MORE LORED, TINA  SIRRET ADDRESS OTY-ST-2P  KISSIMMEE FL 34758  TILE  MICHINIC, CHRISTOPHER  MINCHIN, CHRISTOPHER  MAKE SIRRET ADDRESS OTY-ST-2P  KISSIMMEE FL 34758  TILE  MAKE SIRRET ADDRESS OTY-ST-2P  TILE  Change ADDRESS OTY-ST-2P  TILE  MAKE SIRRET ADDRESS OTY-ST-2P  TILE  TILE  MAKE SIRRET ADDRESS OTY-ST-2P	Kı:	SSIMO	NEE FL 3	34758	L CITY K	1551	MMEE			- 1 34	758	
Significant Direction agree of important agree to the directionals. INDIE Registeries Apart significant in accordance of important agree of important in a production in accordance of important in a production in accordance of important in a production in	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											
FILE NOW!!! FEE IS \$50.00   Make Check Payable to Florida Department of State Due By September 6, 2006   Due By September 6, 20	SIGNATURE 1 TO 11 JA ELORED 09 05 06											
MAKE Check Payable to Florida Department of State    Due By September 6, 2006												
9. MANAGING MEMBERS / MANAGERS  10. MGRM    MGRM   ELDRED, TINA   MAKE   CLORED, TINA   CLORED, TINA   MAKE   CLORED, TINA   CLORED, TINA   MAKE   CLORED												
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE NAME ELDRED, TINA ELDRED, TINA 4845 SOUTH ORANGE BLOSSOM TRAIL, NO. 9  TITLE NAME MINCHIN, CHRISTOPHER MINCHIN, CHRISTOPHER ADDRESS (A845 SOUTH ORANGE BLOSSOM TRAIL, NO. 9  TITLE NAME SIREET ADDRESS (A845 SOUTH ORANGE BLOSSOM TRAIL, NO. 9  KISSIMMEE FL 34758  TITLE NAME SIREET ADDRESS (A845 SOUTH ORANGE BLOSSOM TRAIL, NO. 9  KISSIMMEE FL 34758  TITLE NAME SIREET ADDRESS (TY-ST-ZP)  TITLE NAME SIRET ADDRESS (TY-ST-ZP)  TITLE NAME												
TITLE NAME SIREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE OBelete TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE OBelete TITLE OBelete TITLE OBELET OBELET OBELET OBELET TITLE OBELET OBEL												
NAME SIRET ADDRESS CITY-ST-ZP CIT		MGRM	MANAGING MEMBE									
CITY-ST-ZP KISSIMMEE FL 34758  TITLE MGRM POPELE MAKE MINCHIN, CHRISTOPHER A845 SOUTH ORANGE BLOSSOM TRAIL, NO. 9  TITLE NAME STREET ADDRESS CITY-ST-ZP KISSIMMEE FL 34758  TITLE NAME STREET ADDRESS CITY-ST-ZP		_	TINA				ÄA		C Change	L ACCION		
MGRM   Delete   TITLE   MAME   MINCHIN, CHRISTOPHER   MAME   MINCHIN, CHRISTOPHER   MAME   MINCHIN, CHRISTOPHER   MAME	STREET ADDRESS			TRAIL, NO. 9	STREET ADDRESS			rampa l	HIGHWAT			
MINCHIN, CHRISTOPHER  STRET ADDRESS CITY-ST-ZIP  TITLE NAME STRET ADDRESS CITY-ST-ZIP  TITLE STRET ADDRESS CITY-ST-ZIP  CHANGE STRET ADDRESS CITY-ST-ZIP  CHANGE STRET ADDRESS CITY-ST-ZIP  CHANGE STRET ADDRESS CI	CITY-ST-ZIP		E FL 34758	CITY-ST-ZIP	<u> </u>		FL 34	758				
STREET ADDRESS   4845 SOUTH ORANGE BLOSSOM TRAIL, NO. 9   STREET ADDRESS   175 S			CHRISTOPHER	Delete				as some PH	c R	Change	☐ Addition	
CITY-ST-ZIP   KISSIMMEE FL 34758	1	1 .		TRAIL, NO. 9						11		
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM		KISSIMME						•				
STREET ADDRESS   U3/27/08010 **50.00	TITLE			☐ Defete	TITLE						Addition	
CITY-ST-ZIP		ļ.			P.							
TITLE		]				Ì	U3/ Z :	(/UbUll	#5401U	**5U.UL	,	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE				☐ Netete	•					☐ Change	☐ Addition	
CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         TITLE         Change				LL2 Doloto								
TITLE												
NAME STREET ADDRESS CITY - ST - ZIP  TITLE  NAME STREET ADDRESS CITY - ST - ZIP  TITLE  Change Add												
STREET ADDRESS CITY-ST-ZIP TITLE  STREET ADDRESS CITY-ST-ZIP TITLE  Change Ad				☐ Delete						∟ unange	☐ Addition	
TITLE Delete TITLE Change Ad	_											
_ · · _ · _	CITY-\$T-ZIP				CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·				
NAME NAME				☐ Delete						Change	☐ Addition	
STREET ADDRESS STREET ADDRESS						-						
CITY-ST-ZIP CITY-ST-ZIP												
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicate 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 comport the receiver or trustee empowered to make the proof of the proof of the receiver or trustee empowered to make the proof of the proof	this report	t is true and a	accurate and that my signatu	re shall have the same legal effe	ect as if made und	ier oath; i	napter 119, Flor that I am a mar	ida Statutes. I fu laging member	irther certify that or manager of th	the information the limited liabili	n indicated on ty company	