


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

<b>DOCUMENT # L02000007378</b> 1. Entity Name <b>PINE LAKE PARK, LLC</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
**06 SEP 14 AM 10:14**

Principal Place of Business <b>4845 SOUTH ORANGE BLOSSOM TRAIL, NO. KISSIMMEE FL 34758</b>	Mailing Address <b>4845 SOUTH ORANGE BLOSSOM TRAIL, NO. KISSIMMEE FL 34758</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>4854 OLD TAMPA HWY</b> Suite, Apt. #, etc.
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2

2nd MOORE --- CR2E083 (4/06) ---

City & State <b>KISSIMMEE FL</b>	4. FEI Number <b>NO-T APPLICABLE</b>
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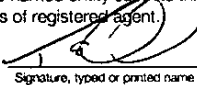
Applied For <input type="checkbox"/> Not Applicable
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Zip <b>34758</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ELDRED, TINA</b> <del><b>4845 SOUTH ORANGE BLOSSOM TRAIL, NO. 9 KISSIMMEE FL 34758</b></del> <b>4854 OLD TAMPA HIGHWAY</b> <b>KISSIMMEE FL 34758</b>
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7. Name and Address of New Registered Agent Name <b>TINA ELDRED</b> Street Address (P.O. Box Number is Not Acceptable) <b>4854 OLD TAMPA HIGHWAY</b> City <b>KISSIMMEE FL</b> Zip Code <b>34758</b>
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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  **TINA ELDRED** DATE **09/05/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS	
TITLE	<b>MGRM</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ELDRED, TINA</b>
STREET ADDRESS	<b>4845 SOUTH ORANGE BLOSSOM TRAIL, NO. 9</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34758</b>
TITLE	<b>MGRM</b> <input checked="" type="checkbox"/> Delete
NAME	<b>MINCHIN, CHRISTOPHER</b>
STREET ADDRESS	<b>4845 SOUTH ORANGE BLOSSOM TRAIL, NO. 9</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34758</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE	<b>MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELDRED, TINA</b>
STREET ADDRESS	<b>4854 OLD TAMPA HIGHWAY</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34758</b>
TITLE	<b>MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINCHIN, CHRISTOPHER</b>
STREET ADDRESS	<b>4854 OLD TAMPA HIGHWAY</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34758</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:  **TINA ELDRED** DATE **09/05/06** DAYTIME PHONE # **407.572.1869**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE