2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000007378

Entity Name: PINE LAKE PARK, LLC

City-St-Zip:

KISSIMMEE, FL 34758

FILED Jun 13, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4845 SOUTH ORANGE BLOSSOM TRAIL, NO. 9 KISSIMMEE, FL 34758 **Current Mailing Address: New Mailing Address:** 4845 SOUTH ORANGE BLOSSOM TRAIL, NO. 9 KISSIMMEE, FL 34758 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ELDRED, TINA 4845 SOUTH ORANGE BLOSSOM TRAIL, NO. 9 KISSIMMEE, FL 34758 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. SIGNATURE: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Change () Addition () Delete ELDRED, TINA Name: Name: Address: 4845 SOUTH ORANGE BLOSSOM TRAIL, NO. 9 Address: City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: Title: MGRM Title: () Delete () Change () Addition Name: MINCHIN, CHRISTOPHER Name: Address: 4845 SOUTH ORANGE BLOSSOM TRAIL, NO. 9 Address: City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SCHNEIDER, PETER Name: Name: 4845 SOUTH ORANGE BLOSSOM TRAIL, NO. 9 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

City-St-Zip:

SIGNATURE: TINA ELDRED MGRM 06/13/2003