

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009449

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: PINE TREE APARTMENTS, LLC

**Current Principal Place of Business:**

8466 NORTH LOCKWOOD RIDGE RD., PMB 166  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

8466 NORTH LOCKWOOD RIDGE RD., PMB 166  
SARASOTA, FL 34243

**New Mailing Address:**

FEI Number: 04-3649261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAPMAN, CHAPMAN & CHAPMAN P.A.  
1920 GOLF STREET  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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/MANAGERS:**

Title: MGR ( ) Delete  
Name: HICKS, WILLIAM  
Address: 4103 11TH ST. CT. WEST  
City-St-Zip: PALMETTO, FL 34221

Title: MGR ( ) Delete  
Name: VAN NORTWICK, CRAIG  
Address: 6826 WILSON STREET  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HICKS, WILLIAM  
Address: P.O. BOX 8277  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MGR (X) Change ( ) Addition  
Name: VAN NORTWICK, CRAIG  
Address: 7538 TORI WAY  
City-St-Zip: BRADENTON, FL 34202

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: WILLIAM H HICKS

MGR

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date