


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/31 **FILED**
May 20, 2004 8:00 am
Secretary of State

04-30-2004 90074 002 ****50.00

DOCUMENT # L02000014427

1. Entity Name
BENT PINE PROPERTIES, LLC



Principal Place of Business 2500 3RD AVE N. #5 ST. PETERSBURG, FL 33713	Mailing Address 2500 3RD AVE N. #5 ST. PETERSBURG, FL 33713
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DO NOT WRITE IN THIS SPACE



04232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 61-1436838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINETTE, TIM
 10821 EARHART DR.
 NEW PORT RICHEY, FL 34654

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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 _____ DATE _____

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

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUTUAL REAL ESTATE 2500 3RD AVE N #5 SAINT PETERSBURG, FL 33713
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Thomas Collier as Agent* 5-12-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*Pres. of Mutual Real Estate Inc.
 Manager*