2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Mar 30, 2006 08:00 AM DOCUMENT # L02000014625 **Secretary of State** 1. Entity Name PINEWOOD INVESTMENT GROUP, L.L.C. Principal Place of Business Mailing Address 570 SOUTH DIXIE HIGHWAY LANTANA FL 33462 570 SOUTH DIXIE HIGHWAY LANTANA FL 33462 2. Principal Place of Susiness 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FLI Number Applied For 51-0424617 Not Applicat! Country Zφ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NOSKER, HARLEY E Street Address (P.O. Box Number is Not Acceptable) 5317 WINCHESTER WOODS DR LAKE WORTH FL 33463 Zip Code City 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, typed or existed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS (MANAGERS 9. 10. ADDITIONS/ CHANGES DILE TITLE MGR ☐ Defete ☐ Change ☐ AGES NAME NOSKER, HARLEY E NAME 000000485515 STREET ADDRESS 5317 WINCHESTER WOODS DR STREET ADDRESS 04/12/06-80086-014 58.00 CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP ☐ Change THE ☐ Belete THILE Addition MARKE NAME STREET AUDITESS STREET ADDRESS CITY-ST-ZIP CAY-ST-ZIP Delete TIME Change ☐ Adica: NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-28 IIII☐ Delete HILE ☐ Change Addition NAME MAM STREET ADDRESS STREET AUDRESS CSTY-ST-70P CITY-ST-ZIP KÜE Delete TITLE ☐ Change ☐ Addis NAME NESSE STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP ME Delete TITLE The Addition ☐ Change NAME NAM STREET ADDRESS STREET ADDRESS CUTY-ST-778 CULY-ST-ZIP 11. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Section 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.

FILED

3/27/06 SU 586-77