

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015964

FILED
Feb 15, 2006
Secretary of State

Entity Name: PINE STREET MANAGEMENT, LLC

Current Principal Place of Business:

215 DELTA COURT
TALLAHASSEE, FL 32303

New Principal Place of Business:

412 SOUTH RIDE
TALLAHASSEE, FL 32303

Current Mailing Address:

P.O. BOX 38006
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 55-0786351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, PATRICIA L
215 DELTA COURT
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

BROWN, PATRICIA L
412 SOUTH RIDE
TALLAHASSEE, FL 32303 US

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: PATRICIA L. BROWN

02/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROWN, PATRICIA L
Address: 215 DELTA COURT
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: BROWN, WILLIAM K
Address: 215 DELTA COURT
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BROWN, PATRICIA L
Address: 412 SOUTH RIDE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM (X) Change () Addition
Name: BROWN, WILLIAM K
Address: 412 SOUTH RIDE
City-St-Zip: TALLAHASSEE, FL 32303

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: PATRICIA L. BROWN

MGR

02/15/2006

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