## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L02000015964  1. Entity Name					03	APR 24 PM	3: 27		•
PINE STREET MANAGEMENT, LLC					TAL	CRETARY OF S LAHASSEE, FI	STATE		
Principal Place of Business Mailing Address							LOMBA		
412 SQUTH RIDE P.O. BOX 38006 TALLAHASSEE FL 32303 TALLAHASSEE FL 32315									
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Principal Place of Business     Mailing Address									
215 Suite, Apt.	Same as Suite, Apt. #, etc.	Same as Above							
water put it ate.						XX CHECK HERE IF MAKING CHANGES			
City & Stat	te .ahassee, FL	City & State	& State			mber 0786351	<del></del>	pplied For	]
Zip Country		Zip Coun		ntry	\$5.00 ·		ot Applicable	1	
32303 USA		<u> </u>	<u> </u>				Fee Require		
	6. Name and Address of Current	Hegistered Agent		- Name - =		and Address of New F			-
BROWN, PATRICIA L 412 SOUTH RIDE				Street Address (P.O. Box Number is Not Acceptable)					-
TALLAHASSEE FL 32303					215 Delta Court				
	•			City				<del></del> _	1
				Tallahassee <b>FL</b> Zip Code 32303			2303 <u> </u>		
	named entity submits this statement for tions of registered agent.	or the purpose of changing it	s register	ed office or req	gistered agent, or	both, in the State of Fk			7
SIGNATURE	Nothing L. B.	HOWEL MAN	AGINA	i MEMA	BER	April	14, 2003		
SIGNATURE	Signature, typed or pilling frame of registered agent		TE: Registere	d Agent signature re	equired when reinstating		DATE		-
	· racticia n. pro	FILEN		FEE IS \$50.					•
		Make Check Payat		orida Depar ay 1, 2003	ument of State				
9.	MANAGING MEMBI		10.			ADDITIONS	CHANGES		-
MLE	Managing Member		mu	<u> </u>			Change	☐ Addition	<b>8</b>
NAME Street adoress	Patricia L. Brown RESS 215 Delta Court			E Et address					CR2E083 (10/02
CTTY-ST-ZIP	Tallahassee, FL		CITY	-ST-ZIP					
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itle Ame		Delete	TITLE	,			Change	☐ Addition	•
TREET ADORESS	11			ET ADORESS				1	
OTY-ST-ZIP	partify that the information appoiled with	this filing does not qualify to		ST-ZIP	in Section 119.07/	31(i) Florida Statutas	further cortify that the in	nformation	ļ
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 ampowered to execute this report as required by Chapter 808, Florida Statutes.									
The second distribution of the control of the contr									
SIGNATURE:									
	SIGNATURE AND TYPES OF PRINTED HAME O	SIGHING MANAGING MEMBER, MA	NAGER, OR	AUTHORIZED REP	RESENTATIVE	Ofite	Daysme Phone #		
			7 /	1-181100					