

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000016503

1. Entity Name

PINE KNOLLS PARTNERS, LLC



Principal Place of Business

806 QUITMAN HWY. NORTH
GREENVILLE FL 32331

Mailing Address

806 QUITMAN HWY. NORTH
GREENVILLE FL 32331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1437985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/04)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYD, STEPHANIE R
806 QUITMAN HWY. NORTH
GREENVILLE FL 32331

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME MATHIS, CAROL BERGER
STREET ADDRESS 129 KIMBERLY RD
CITY- ST- ZIP EAST GRANBY CT 06026

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
1100000230511
02/15/05-80046-006 50.00

TITLE ST ☐ Delete
NAME BERGER, EDWARD JOHN
STREET ADDRESS 12 STILLMAN LN
CITY- ST- ZIP PLEASANTVILLE NY 10570

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/8/05 (800) 997-3055