


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90277 022 \*\*\*\*50.00

<b>DOCUMENT # L02000017847</b>	
1. Entity Name <b>PINE RIDGE/HAWTHORNE DEVELOPMENT, LLC</b>	

Principal Place of Business <b>12810 TAMiami TRAIL NORTH NAPLES, FL 34110</b>	Mailing Address <b>12810 TAMiami TRAIL NORTH NAPLES, FL 34110</b>
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**60017617**

2. Principal Place of Business - No P.O. Box # <b>3545 Pine Ridge Rd #600</b>	3. Mailing Address <b>3545 Pine Ridge Rd #600</b>
Suite, Apt. #, etc. <b>#600</b>	Suite, Apt. #, etc. <b>#600</b>

02202007 Chg-LLC CR2E083 (12/06)

City & State <b>Naples Florida</b>	City & State <b>Naples Florida</b>
Zip <b>34109</b>	Country <b>Collier</b>

4. FEI Number <b>46-0491799</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ROBISON, STEPHEN V 12810 TAMiami TRAIL NORTH NAPLES, FL 34110</b>
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7. Name and Address of New Registered Agent Name <b>James Demarest</b> Street Address (P.O. Box Number is Not Acceptable) <b>3545 Pine Ridge Rd #600</b> City <b>Naples</b> FL Zip Code <b>34109</b>
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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 <b>JAMES T. DEMAREST RA</b> DATE <b>2-20-07</b>
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GATES MCVEY CAPITAL GROUP, LLC 12810 TAMiami TRAIL NORTH NAPLES, FL 34110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EAGLE HOLDING COMPANY, LLC 2061 ISLA DE PALMA CIRCLE NAPLES, FL 34119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3545 Pine Ridge Road #600 Naples FL 34109</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.	
SIGNATURE: <b>JAMES T. DEMAREST</b>	DATE: <b>2-20-07</b> DAYTIME PHONE #: <b>514 4484</b>