


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000024394 1. Entity Name PINE RUN, LLC |  |
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|--|--|
| Principal Place of Business 2605 SW 33RD STREET, STE.200 OCALA, FL 34474 | Mailing Address 2605 SW 33RD STREET, STE.200 OCALA, FL 34474 |
|--|--|

DO NOT WRITE IN THIS SPACE



01242006 No Chg-LLC

CR2E083 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 22-3878432 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|-----------------------------------|

6. Name and Address of Current Registered Agent

KIRKPATRICK, KENNETH B
2605 SW 33RD STREET, STE.200
OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KIRKPATRICK, KENNETH R 2605 S.W. 33RD ST., SUITE 200 OCALA, FL 34474 |
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02/25/06-80008-018 50.00

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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 605, Florida Statutes.

SIGNATURE:  **Ken Kirkpatrick**

2/9/06 352/369-9881

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

Date

Daytime Phone #