### 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L02000028728**

1. Entity Name
PINE STREET INVESTORS, L.L.C.

Principal Place of Business

Mailing Address

7920 L'AQUILA WAY DELRAY BEACH, FL 33446

7920 L'AQUILA WAY DELRAY BEACH, FL 33446

# FILED Jan 09, 2004-08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

ec.	20	A statistica and	
	Г	Not Applicable	
FEI Number		Applied For	
	ėr.	<b>e</b> E 00	

5. Certificate of Status Desired

\$5.00 Additiona Fee Required

Name and Address of Current Registered Agent
LEVIN, DAVID

LEVIN, DAVID 7920 L'AQUILA WAY DELRAY BEACH, FL 33446

STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

		1				
	named entity submits this statement for the purpose of changings of registered agent.	ging its registered office or registered agent,	or both, in the State of Florida. I am	familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable,	NAOVE De comment & beauty and a second	ing) DATE			
		14-016: Undigener After afterno seduce assesses service	in) Unic	<del></del>		
F. D	iling Fee is \$50.00 ue by May 1, 2004	•				
9.	MANAGING MEMBERS/MANAGERS					
TITLE	P		-			
NAME	LEVIN, GLORIA					
STREET AUDRESS	7920 L'AQUILA WAY	•	บกติดดอกการร	VUOOOOO01238 01/09/04-80033-012 50.00		
CRY-ST-ZIP	DELRAY BEACH, FL 33446		C1100000000000000000000000000000000000			
ITTLE	P		01/03/04-50033			
NAME	LEVIN, DAVID		•			
STREET ADDRESS	7920 L'AQUILA WAY	l l				
CETY-ST-ZIP	DELRAY BEACH, FL 33446					
TITLE			v v v v v v v v <del>v z maz</del> v	1 - 1		
NAME		l l				
STREET ADDRESS		_		_		
CRY-ST-ZIP		I D	O NOT WRIT	E		
TITLE			N THIS SPACE			
RAME				<del></del>		
STREET ADDRESS						
CITY-ST-ZIP						
MLE				1.1		
HAME						
STREET ADDRESS		1				
CITY-ST-ZIP		<b> </b>				
TILE			•			
NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>1</b>		•		

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 cryste receiver or trustee-empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID LEVING MANAGING MANAGI

117/04

561 638 9038

Daytime Phon