

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000028728

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



Principal Place of Business
 7920 L'AQUILA WAY
 DELRAY BEACH, FL 33446

Mailing Address
 7920 L'AQUILA WAY
 DELRAY BEACH, FL 33446

DO NOT WRITE IN THIS SPACE



01072004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 55-0804449	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and % if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVIN, GLORIA 7920 L'AQUILA WAY DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVIN, DAVID 7920 L'AQUILA WAY DELRAY BEACH, FL 33446
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 01/09/04-80033-012 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *David Levin* **DAVID LEVIN** *1/7/04* *561 638 9038*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #