

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90072 038 \*\*\*\*50.00

<b>DOCUMENT # L02000029954</b>					
<b>1. Entity Name</b> PINEWOOD LAKES DEVELOPMENT, L.L.C.					
<b>Principal Place of Business</b> 4427 S.E. 16TH PLACE, #2 CAPE CORAL, FL 33904			<b>Mailing Address</b> 4427 S.E. 16TH PLACE, #2 CAPE CORAL, FL 33904		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01082004    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 13-4222708				<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WRIGHT, CHRISTINE F ESQ. 4427 S.E. 16TH PLACE, #2 CAPE CORAL, FL 33904			Name <b>Mary Vlasak Snell, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1833 Hendry Street</b> <b>P.O. Drawer 1507</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33902</b>		
<b>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.</b>					
SIGNATURE <i>Mary Vlasak Snell</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>1/9/04</i> <small>(NOTE: Registered Agent signature required when transferring)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WROTEN, MELVIN O JR. 2326 DEL PRADO BOULEVARD CAPE CORAL, FL 33990	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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<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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date		Daytime Phone #	