## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L02000029954

1. Entity Name

PINEWOOD LAKES DEVELOPMENT, L.L.C.



FILED Feb 05, 2007 08:00 AN Secretary of State

Principal Place of Business

8270 COLLEGE PKWY

201 FT,MYERS, FL 33919 Mailing Address

8270 COLLEGE PKWY

201

FT.MYERS, FL 33919



DO NOT WRITE IN THIS SPACE

01252007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4222708 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBENSTEIN, MICHAEL CPA 8270 COLLEGE PKWY 201

FORT MYERS, FL 33919

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 Flood	<ul> <li>a. I am familiar with, and accept</li> </ul>
the obligations of registered agent	

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Rogistered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007 U00000620845 02/03/07-80054-002 **50.**00

9.	MANAGING MEMBERS/MANAGERS	
HTLE NAME STREET ADDRESS ONY-ST-ZIP	MGR WROTEN, MELVIN O JR. P.O. BOX 151520 CAPE CORAL, FL 33915	DO NOT WRITE IN THIS SPACE
THEE NAME STREET ADDRESS CHY-ST-ZIP		
PILE NAME STREET AODRESS CHY-ST-ZP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
HILE NAME STREET ADDRESS CHY-ST-ZIP	codify that the information supplied with this filling does not qualify for the ov	

11. I hereby certify that the information supplied with this filling 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 eath; 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:

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

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Davisne Phone #