



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000031541		
1. Entity Name 56 E. PINE, L.C.		
Principal Place of Business 56 E. PINE STREET ORLANDO, FL 32801		Mailing Address 68 E. PINE STREET ORLANDO, FL 32801
		
4. FEI Number 56-2305787		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
HOPKINS, MARMIONETTE K 68 E. PINE STREET ORLANDO, FL 32801		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOPKINS, MARK L MGR 1200 MARLOWE AVE. ORLANDO, FL 32809	U000000153178 05/04/04-80119-003 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOPKINS, MARMIONETT K MGR 1200 MARLOWE AVE. ORLANDO, FL 32809	
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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)(f), 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: <i>Marmionett K Hopkins</i>		4/29/04 (407) 872 1947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #