2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L02000031541

Entity Name: 56 E. PINE, L.C.

Current Principal Place of Business:

56 E. PINE STREET
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

68 E. PINE STREET
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 56-2305787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOPKINS, MARMIONETTE K
68 E. PINE STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

HOPKINS, MARMIONETT K
68 E. PINE STREET
ORLANDO, FL 32801 US

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.

SIGNATURE: MARMIONETT K. HOPKINS 04/28/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: HOPKINS, MARK L MGR
Address: 1200 MARLOWE AVE.
City-St-Zip: ORLANDO, FL 32809

Title: MGR ( ) Delete
Name: HOPKINS, MARMIONETT K MGR
Address: 1200 MARLOWE AVE.
City-St-Zip: ORLANDO, FL 32809

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: HOPKINS, MARMIONETT L
Address: 1200 MARLOWE AVE.
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARMIONETT K. HOPKINS MGR 04/28/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date