LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT#

L02000032622

1. Entity Name

ŽiD **334**10

PINEAPPLE EQUITIES LLC



FILED May 06, 2003 8:00 am Secretary of State

05-06-2003 90064 006 ****50.00

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2. Principal Place of Business	3. Mailing Address
3399 PGA BLVD.	3399 PGA BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 450	SUITE 450
City & State	City & State
PALM BEACH GARDENS, FL	PALM BEACH GARDENS FL

33410

DO NOT WRITE IN THIS SPACE

4. FE! Number 51-0437107

5. Certificate of Status Desired

Applied For Not Applicable

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

	7. Name and Address of Current Registered Age	ent
Name		
PETER	D. CUMNINGS & ASSOC.	1NC.
Street Addre	S. D. CUMANNGS Y ASSOC., ss (P.O. Box Number is Not Acceptable) PGA BLYD. SUITE 450	
3399 1	GA BLYD. SUITE 450	
	,	

PALM BEACH GARDENS 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									
	Make Check Payable	E IS \$50.00 to Florida Dep IE BY MAY 1	artment of State						
9.	MANAGING MEMBERS/MANAGERS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR PETER D. CUMMINGS 3399 PGA BLYD., SUITE 450 PALM BEACH GARDENS, FL 33410	TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS							
CITY-ST-ZIP		CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STHEET ADDRESS City-St-Zip	DO_NOT WRITE						
TITLE NAME		TITLE NAME	IN THIS SPACE						

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 of trustee expowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE NAME

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OF PRINTED NAMI MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE