2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L03000002813

Entity Name: PINES 184, LLC

Current Principal Place of Business:

216 SW 12 AVENUE
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

216 SW 12 AVENUE
MIAMI, FL 33130

New Mailing Address:

PO BOX 351210
MIAMI, FL 33135

FEI Number: 01-0765175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIGUEROA, JUAN A PA, CPA
1428 BRICKELL AVE
SUITE 206
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MEMUN, ABRAHAM
Address: 216 SW 12 AVENUE
City-St-Zip: MIAMI, FL 33130

Title: MGRM ( ) Delete
Name: MEMUN, JOSE
Address: 216 SW 12 AVENUE
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MEMUN, ABRAHAM
Address: PO BOX 351210
City-St-Zip: MIAMI, FL 33135

Title: MGRM (X) Change ( ) Addition
Name: SALAME, SIMON
Address: PO BOX 351210
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ABRAHAM MEMUN MGR 04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date