


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000003711		
1. Entity Name PINES B-5, LLC		

Principal Place of Business 2401 PGA BOULEVARD, SUITE 155 PALM BEACH GARDENS FL 33410	Mailing Address 2401 PGA BOULEVARD, SUITE 155 PALM BEACH GARDENS FL 33410
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2. Principal Place of Business 2979 PGA Blvd. Palm Beach Gardens, FL 33410	3. Mailing Address 2979 PGA Blvd. Palm Beach Gardens, FL 33410
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FILED

04 OCT -1 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E083 (4/04)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WALCZAK, PAUL 2401 PGA BOULEVARD, SUITE 155 PALM BEACH GARDENS FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By September 8, 2004	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PAUL WALCZAK 2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500041874515 10/14/04--01006--014 **\$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **PAUL WALCZAK** **8/31/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #