2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

ANNU	AL RI	EPORT (AR)	- DUE BY	YAN	1, 2008		Drage	FI	LED	
DOCUMENT # L0300007032 1. Entity Name							Apr	25, 2 25, 2 26388	968 0	8:00 AN State
PINE ME	ADOWS,	LLC								State
Principal Plac	ce of Busines	S	Mailing Address		·	1				
1666 KENNEDY CAUSEWAY			1666 KENNEDY CAUSEWAY							
#505 N BAY VILLAGE FL 33141			#505 N BAY VILLAGE FL 33141							
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing Address							33 1 11) 1881
Suite, Apt.			Suite, Apt. #, etc.			1st MOORE CR2E083 (10/07)				
City & Star	te		City & State			4. FEt Num	82-058864	0		plied For t Applicable
Zip	ip Country		Zıp	Cour	itry	5. Certificat	e of Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Current R	egistered Agent		News	7. Name an	d Address of New I	Registered A	Agent	
MCI	ยาเดอด	H, BRIAN J		Name						
220 150)O MUSEU) WEST FI	IM TOWER LAGLER STREET			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33130					City	□ Z ⁱ p Code				
A The above	named entit	enhance this statement for	20 p. repose of abane as its revisite.			FL Zip Code stered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligat	tions of regist	ered agent	ne parpose si sittinging ne	register.	ed office of register	ed agent, e. b	on, in the diate of the	onda. Tami	entrinen witt.	anti accept
SIGNATURE	Signature Typed	or priored name of registered agont on	TURE if applicable (NOT	E Registere	a Agent signature required	f when reinstating)		DATE		
		•			EE IS \$138.75 Fee Will Be \$538					
			Make Check Payab							'
9.		MANAGING MEMBER	S/MANAGERS	10.		* () \$4 (() # (2)	ADDITIONS	/CHANGES		
TITLE	P		☐ Delete	TITU	1				Change	☐ Addition
NAME STREET ADDRESS	SALANER,	ROBERT F NEDY CAUSEWAY DUITE	: 606	NAM	E ADDRESS		800000U		-	
CITY-ST-ZIP	1	LAGE FL 33141			-ST-Z:P		05/16/08-8	0028-02	1 143.7	5
TIFLE	V		☐ Delele	TiTU	+				☐ Change	Addition
NAME STREET ADDRESS	REID, FRAI	NCISCO NEDY CAUSEWAY DUITE		NAM						
CITY-ST-ZIP		LAGE FL 33141	: 505		ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITLE	L				Change	Addition	
NAME STREET ADDRESS		,		NAM L TOT	E ET ACOMESS I					
CITY-ST-ZIP				1	-SI-ZiP					
TITLE			☐ Delete	TITUE					Change	Addition
NAME STREET ADDRESS				NAM Care	E ET ADDRESS					
CHY-SI-ZIP					-\$I-ZP					
TITLE		,	☐ Delete	TITLE	<u> </u>	· · · · · · · ·			☐ Change	Addition
NAME STREET ADDRESS				NAM	E ET ADDRESS					
CITY- ST- ZIP					-ST-ZIP					
TITLE			☐ Delate	TITLE					☐ Change	Addition
NAME				NAM						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST- ZIP					
11. I hereby? indicated fimited tia	could that the son this report abile; compar	e information supplied with the and accurate and the ny or the receiver or trustee	this filing does not qualify f hat my signature shall hav empowered to execute this	or the ex e the sar s report a	remptions containe ne legal effect as il is required by Chap	d in Section 1 f made under oter 608, Florid	19, Florida Statutes path: that I am a ma la Statutes.	I further cert inaging men	tify that the in ober or mans	oformation ger of the
0101:1-		4	BALLAN	~ ~	Pan	11/2-	120	<i>3</i> 65)53	0 0==	
SIGNAT	SIGNATURE A	ND TYPED OR PRINTED NAME OF	IGNING MANAGING MEMBER, MAI	NAGER, OR	AUTHORIZED REPRESE	NTATIVE	Cate		aytere Prone # 7	201 102 254