FILED
May 10, 2004 8:00 am
Secretary of State
04-07-2004 90349 023 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000009799

1. Entity Name
PINECREST PROPERTIES, L.L.C.

Principal Place of Business
3044 WEST NEW HAVEN AVE.
MELBOURNE, FL 32904

Mailing Address
3044 WEST NEW HAVEN AVE.
MELBOURNE, FL 32904

04042004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country
3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. 32-0067628 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MIGLIS, REGINA ANNE
3044 WEST NEW HAVEN AVE.
MELBOURNE, FL 32904

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Regina Anne Miglis 4/5/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Regina A. Miglis 3044 W New Haven Ave Melbourne, FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Mitchell F. Miglis, DC 3044 W New Haven Ave Melbourne, FL 32904	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Regina Anne Miglis 4/5/04 321 676 1321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #