
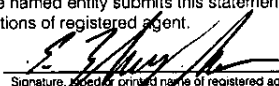
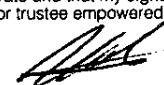


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90287 022 \*\*\*150.00

<b>DOCUMENT # L03000011392</b>					
<b>1. Entity Name</b> PINEAPPLE L.L.C.					
<b>Principal Place of Business</b> 46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236			<b>Mailing Address</b> 46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236		
<b>2. Principal Place of Business</b> <b>550 HARBOR POINT ROAD</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>LONGBOAT KEY, FL</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> <b>51-0457485</b>	
Zip <b>34228</b>		Country		Applied For Not Applicable	
Zip <b>34228</b>		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PATTERSON, JOHN 46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236			<b>7. Name and Address of New Registered Agent</b> Name <b>LPS CORPORATE SERVICES, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>46 N. WASHINGTON BLVD.</b> <b>SUITE 1</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34236</b>		
<b>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.</b>					
SIGNATURE  DATE <b>4/6/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>By: E. ZACHARY RANS, its Vice President</b> <b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
MGR <b>WESTWOOD MANAGEMENT OF FLORIDA, INC.</b> <b>550 HARBOR POINT ROAD</b> <b>LONGBOAT KEY, FL 34228</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> 				<b>(941) 387-9172</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					
<b>By: MARTIN WATSON, as President of Westwood Management of Florida, Inc.</b>					