## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 18, 2004 8:00 am Secretary of State 03-18-2004 90182 009 \*\*\*\*50.00

DOCUMENT # L03000016438  1. Entity Name PINEAPPLE RIDGE, L.L.C.					03-18-2004 90182 009 ****50.00			
			dress Paverly Pl., Suite 300 NE, FL 32901				TOOLGUE	
2 Principal D	lone of Punisses	2 Mailing Address	· · · · · · · · · · · · · · · · · · ·					
2. Principal Place of Business		3. Mailing Address			11111       55    111   111   	<b>                                    </b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052004	Chg-LLC	CR2E083 (10/03	)	
City & State		City & State		4. FEI Numbe	-05 <u>1</u> 6880		Applied For lot Applicable	
Zip	Country	Zip	Coun	itry		of Status Desired	□ \$5.00 Ac	ditional
-	6. Name and Address of Current F	tegistered Agent		1	7. Name and	Address of New R	Fee Requiregistered Agent	-ea
		<u> </u>	<del> </del>	Name				
WHITE, BARRON F 2101 S. WAVERLY PL., SUITE 300 MELBOURNE, FL 32901				Street Address (	P.O. Box Numbe	r is Not Acceptable	)	
[								
_		_		City			FL Zip Co	de
	named entity submits this statement for tions of registered agent.	the purpose of changing its	register	ed office or registe	red agent, or bott	h, in the State of Flo	rida. I am familiar with	n, and accept
SIGNATURE .								
<u> </u>	Signature, typed or printed name of registered agent ar	d title if applicable, (NOTE	E: Registere	d Agent signature require	d when reinstating)	**	DATE	
Filing Fee Is \$50.00 Due by May 1, 2004					:		e check payable to Department of Sta	ite
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES	<del></del>
			_				<u> </u>	
TITLE	MGRM	☐ Delete	TITLE				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	NAM STRE					Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM THE SIX, L.L.C. 2101 S. WAVERLY PL., SUITE 30 MELBOURNE, FL 32901 MGRM	•	NAM STRE CITY TITLE	EET ADDRESS '-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM THE SIX, L.L.C. 2101 S. WAVERLY PL., SUITE 30 MELBOURNE, FL 32901 MGRM VHCS HOLDINGS, INC.	Delete	NAM STRE CITY TITLI NAM	IE EET ADDRESS '-ST-ZIP E			☐ Change	
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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: Barron F. White
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Barron F. White