


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000016438</b> 1. Entity Name <b>PINEAPPLE RIDGE, L.L.C.</b>	
--	---

Principal Place of Business <b>2101 S. WAVERLY PL., SUITE 300 MELBOURNE, FL 32901</b>	Mailing Address <b>2101 S. WAVERLY PL., SUITE 300 MELBOURNE, FL 32901</b>
--	--



01042007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0516880</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	--

<b>6. Name and Address of Current Registered Agent</b>  <b>WHITE, BARRON F 2101 S. WAVERLY PL., SUITE 300 MELBOURNE, FL 32901</b>
---

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM THE SIX, L.L.C. 2101 S. WAVERLY PL., SUITE 300 MELBOURNE, FL 32901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VHCS HOLDINGS, INC. 2101 S. WAVERLY PL., SUITE 300 MELBOURNE, FL 32901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CEG LAND PARTNERSHIP, LLC 760 NORTH DRIVE, SUITE E. MELBOURNE, FL 32934</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000632241  
02/21/07-80014-016 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Barron F. White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1/4/07* *321-729-0324*  
Date Daytime Phone #