


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90015 004 \*\*\*\*50.00

|  |  |                                 |   |   |  |
|--|--|---------------------------------|---|---|--|
| DOCUMENT # L03000016555  |  |                                 |   |      |  |
| 1. Entity Name<br>518 PINE TERRACE, LLC  |  |                                 |   |   |  |
| Principal Place of Business<br>3030 S. DIXIE HWY., STE. 5<br>WEST PALM BEACH, FL 33405-1539  |  |                                 | Mailing Address<br>3030 S. DIXIE HWY., STE. 5<br>WEST PALM BEACH, FL 33405-1539 |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address              |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.             |   |   |  |
| City & State   |  | City & State                    |   |   |  |
| Zip  | Country  | Zip                             | Country   | 4. FEI Number      20-1255068<br><del>23-8720803</del>                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                                 |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |  |                                 |   | 7. Name and Address of New Registered Agent   |  |
| SNED, WILLIAM H JR<br>3030 S. DIXIE HWY., STE. 5<br>WEST PALM BEACH, FL 33405-1539   |  |                                 |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____   |  |                                 |   |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2007</b>  |  |                                 | <b>Make check payable to</b><br><b>Florida Department of State</b>              |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |                                 | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>SNED, WILLIAM H JR<br>3030 S. DIXIE HWY., STE. 5<br>WEST PALM BEACH, FL 334051539 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |  |
| 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. |  |                                 |   |   |  |
| <b>SIGNATURE:</b>   |  |                                 | William H. Sned, Jr.    1/11/07    561.655.8631                                 |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |                                 | Date      Daytime Phone #   |   |  |