## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000016590

Entity Name: THE PINES RESORT, L.L.C.

FILED Apr 19, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10 PALMER AVENUE, APARTMENT H INDIAN HARBOR BEACH, FL 32937

Current Mailing Address: New Mailing Address:

P.O. BOX 360911 MELBOURNE, FL 329360911

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALTMAN, T.A. 10 PALMER AVENUE, APARTMENT H INDIAN HARBOR BEACH, FL 32937 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ALTMAN, T.A.
 Name:

 Address:
 P.O. BOX 360911
 Address:

 City-St-Zip:
 MELBOURNE, FL 32936
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ALTMAN, ROBERTA M
 Name:

 Address:
 P.O. BOX 360911
 Address:

 City-St-Zip:
 MELBOURNE, FL 32936
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: T.A. ALTMAN MGRM 04/19/2005