


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000016590

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



Principal Place of Business
**10 PALMER AVENUE, APARTMENT H
 INDIAN HARBOR BEACH, FL 32937**

Mailing Address
**P.O. BOX 360911
 MELBOURNE, FL 32936-0911**

DO NOT WRITE IN THIS SPACE



01162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3567242	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALTMAN, T.A. P.O. BOX 360911 MELBOURNE, FL 32936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALTMAN, ROBERTA M P.O. BOX 360911 MELBOURNE, FL 32936
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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: *T.A. Altman* **Date:** *1/16/07* **Daytime Phone #:** *321-773-2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE