

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90136 002 ****50.00

DOCUMENT # L03000016823

1. Entity Name
STUART PINEAPPLE I, LLC



Principal Place of Business
**15438 NORTH FLORIDA AVENUE, STE 200
TAMPA, FL 33613**

Mailing Address
**15438 NORTH FLORIDA AVENUE, STE 200
TAMPA, FL 33613**

W3000100



2. Principal Place of Business
3399 PGA BLVD.

3. Mailing Address

04272004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 450

City & State

City & State

PALM BEACH GARDENS, FL

Zip

Country

Zip

Country

33410

4. FEI Number
03-0517734

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name
PETER D. CUMMINGS & ASSOCIATES, INC.
Street Address (P.O. Box Number is Not Acceptable)
3399 PGA BLVD., SUITE 450

City
PALM BEACH GARDENS **FL** Zip Code
33410

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

DAVID A. DEAN, VP

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MANAGING MEMBER ☐ Delete
NAME
PINEAPPLE COMMONS EQUITIES LLC
STREET ADDRESS
3399 PGA BLVD., SUITE 450
CITY - ST - ZIP
PALM BEACH GARDENS, FL 33410

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

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

KEITH L. CUMMINGS, MANAGER

4-27-04

Date

(561) 630-6110

Daytime Phone #