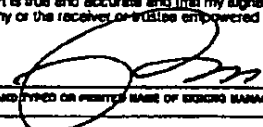


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000019310			
1. Entity Name MOTE PINE ISLAND, LLC		2/1 FILED APR 20 PM 3:20 SECRETARY OF STATE TALLAHASSEE FLORIDA 30002425	
Principal Place of Business C/O MOTE SCIENTIFIC FOUNDATION 1600 KEN THOMPSON PKWY. SARASOTA, FL 34236		Mailing Address C/O MOTE SCIENTIFIC FOUNDATION 1600 KEN THOMPSON PKWY. SARASOTA, FL 34236 04/29/05	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent GALVANO, WILLIAM S ESQ 1023 MANATEE AVE. WEST BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ 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, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HULL, PETER 3837 WHITE LANE SARASOTA, FL 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PRATT, HELEN 4603 SELMA ST. SARASOTA, FL 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GALVANO, BILL 1023 MANATEE AVE. W BRADENTON, FL 34205 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAHADUVAN, KUMAR 5420 AZURE WAY SARASOTA, FL 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RITCHIE, BILL 329 55TH AVE. ST PETERSBURG BEACH, FL 33706 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		Date: 2/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	