2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000019310

1. Entity Name
MOTE PINE ISLAND, LLC

Principal Place of Business	Mailing Address
C/O MOTE SCIENTIFIC FOUNDATION 1600 KEN THOMPSON PKWY. SARASOTA, FL 34236	C/O MOTE SCIENTIFIC FOUNDATION 1600 KEN THOMPSON PKWY. SARASOTA, FL 34236

01252006No Chg-LLC CR2E083 (11/05)

4. FEI Number
32-0079022

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GALVANO, WILLIAM S ESQ
1023 MANATEE AVE. WEST
BRADENTON, FL 34205

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 reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HULL, PETER
STREET ADDRESS	3637 WHITE LANE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	MGR
NAME	PRATT, HELEN
STREET ADDRESS	4603 SELMA ST.
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	MGR
NAME	GALVANO, BILL
STREET ADDRESS	1023 MANTEE AVE. W
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	MGR
NAME	MAHADUVAN, KUMAR
STREET ADDRESS	5420 AZURE WAY
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	MGR
NAME	RITCHIE, BILL
STREET ADDRESS	329 55TH AVE.
CITY-ST-ZIP	ST PETERSBURG BEACH, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000445637
03/07/06 80055-007 50.00

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: Helen L Pratt 2/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #