

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 10, 2007 08:00 A
Secretary of State

DOCUMENT # L03000019310

1. Entity Name
MOTE PINE ISLAND, LLC



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**



08062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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 September 14, 2007**

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 MANATEE 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 33708
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000771834
08/10/07-80002-023 50.00

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IN THIS SPACE**

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: _____

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

8/10/07

Date

941-544-7232

Daytime Phone #