


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # L03000019310 1. Entity Name MOTE PINE ISLAND, LLC	
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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
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01062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0079022	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000777463
01/10/08-80008-020 138.75

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

**DO NOT WRITE
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:

 **Helen Pratt, MGR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-7-2008