## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000019310

**Current Principal Place of Business:** 

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ST PETERSBURG BEACH, FL 33706

MAHADUVAN, KUMAR

SARASOTA, FL 34242

5420 AZURE WAY

RITCHIE, BILL

329 55TH AVE.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

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Entity Name: MOTE PINE ISLAND, LLC

FILED Jan 14, 2009 Secretary of State

**New Principal Place of Business:** 

C/O MOTE SCIENTIFIC FOUNDATION 1600 KEN THOMPSON PKWY. SARASOTA, FL 34236 **New Mailing Address: Current Mailing Address:** C/O MOTE SCIENTIFIC FOUNDATION 1600 KEN THOMPSON PKWY. SARASOTA, FL 34236 FEI Number: 32-0079022 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALVANO, WILLIAM S ESQ 1023 MANATEE AVE. WEST BRADENTON, FL 34205 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete HULL, PETER Name: Name: 3637 WHITE LANE Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: Title: MGR () Delete Title: () Change () Addition PRATT, HELEN Name: Name: Address: 4603 SELMA ST. Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: Title: MGR () Delete Title: () Change () Addition GALVANO, BILL Name: Name: 1023 MANTEE AVE. W Address: Address: City-St-Zip: BRADENTON, FL 34205 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

() Change () Addition

() Change () Addition

SIGNATURE: HELEN L PRATT MGR 01/14/2009