


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90020 031 ****50.00

DOCUMENT # L03000024106 1. Entity Name PINES VILLAS, LLC																																																												
Principal Place of Business 12608 WILDCAT COVE CIRCLE ESTERO, FL 33928			Mailing Address 12608 WILDCAT COVE CIRCLE ESTERO, FL 33928																																																									
2. Principal Place of Business <i>Correct</i>		3. Mailing Address <i>Correct</i>																																																										
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																										
City & State		City & State																																																										
Zip	Country	Zip	Country																																																									
4. FEI Number 05-0577081			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 HUBBARD, STEVEN W 2320 FIRST STREET, SUITE 1000 FORT MYERS, FL 33901-2904			7. Name and Address of New Registered Agent Name: <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable): City: <i>FL</i> 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: <i>N/A</i> (NOTE: Registered Agent signature required when reinstating) DATE:																																																												
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to: Florida Department of State																																																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><i>Manager HGR</i></td> <td><i>Thomas C. Smith</i></td> <td><i>12608 Wildcat Cove Circle</i></td> <td></td> </tr> <tr> <td></td> <td></td> <td><i>Estero</i></td> <td><i>FL 33928</i></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		<i>Manager HGR</i>	<i>Thomas C. Smith</i>	<i>12608 Wildcat Cove Circle</i>				<i>Estero</i>	<i>FL 33928</i>		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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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: <i>Thomas C. Smith</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <i>01-21-04</i> Daytime Phone #: <i>239-910-6094</i>																																																									

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