

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90040 015 ****50.00

DOCUMENT # L03000025612

1. Entity Name
PINECREST INVESTORS, LLC



Principal Place of Business

ONE HARBOUR PLACE
777 SOUTH HARBOUR ISLAND BOULEVARD
TAMPA, FL 33602-5730

Mailing Address

2000 INTERSTATE PARK DRIVE
MONTGOMERY, AL 36109

Montgomery, AL 36109



04262005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0098483

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 33607-5736

**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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------------------|
| TITLE | MGRM |
| NAME | LOWDER, JOSHUA K |
| STREET ADDRESS | 3236 BANKHEAD AVENUE |
| CITY-ST-ZIP | MONTGOMERY, AL 36106 |
| TITLE | MGRM |
| NAME | LOWDER, EMILY E |
| STREET ADDRESS | 631 NORTH WALNUT STREET, APT. A |
| CITY-ST-ZIP | BLOOMINGTON, IN 47404 |
| TITLE | MGRM |
| NAME | LOWDER, ANNA C |
| STREET ADDRESS | 3236 BANKHEAD AVENUE |
| CITY-ST-ZIP | MONTGOMERY, AL 36106 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 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: _____

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

Date

Daytime Phone #

4/26/05 (334) 270-6638