


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000025612</b> 1. Entity Name PINECREST INVESTORS, LLC	
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Principal Place of Business 2000 INTERSTATE PARK DR MONTGOMERY, AL 36109	Mailing Address 2000 INTERSTATE PARK DRIVE MONTGOMERY, AL 36109
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<b>DO NOT WRITE IN THIS SPACE</b>
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07202006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0098483	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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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
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOWDER, JOSHUA K 3236 BANKHEAD AVENUE MONTGOMERY, AL 36106
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOWDER, EMILY E 631 NORTH WALNUT STREET, APT. A BLOOMINGTON, IN 47404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOWDER, ANNA C 3236 BANKHEAD AVENUE MONTGOMERY, AL 36106
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U000000573548 08/07/06-80002-002 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:**  **7/28/06** **(334) 270-6633**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #