2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 PM 2:30

DOCUMENT # L03000028773

1. Entity Name

PINE ISLAND DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
2488 OAK FOREST DR. JACKSONVILLE BEACH FL 32250	2488 OAK FOREST DR JACKSONVILLE BEACH FL 32250

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
71 Fairway lane	P.O. Box 50820
Suite, Apt. #, etc JAX Beach FL	Suite, Apt. #, etc JAX Beach FL
City & State	City & State
Zip 32250 Country USA	Zip 32240 Country USA

4. FEI Number 87-0764860 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCGUIRE, MICHAEL D 2488 OAK FOREST DR. JACKSONVILLE BEACH FL 32250	Name: MCGuire Michael D. Street Address (P.O. Box Number is Not Acceptable): 71 Fairway lane JAX Beach FL City: FL Zip Code: 32250

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M MCGUIRE, MICHAEL D 2488 OAK FOREST DR JACKSONVILLE BEACH FL 32250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MGRM MCGuire Michael D 71 Fairway lane Jacksonville Beach FL 32250
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 03/04/08-90104-026-#150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #