


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90059 003 \*\*\*\*50.00

<b>DOCUMENT # L03000028916</b>	
1. Entity Name <b>PINETREE ESTATE HOMES, LLC</b>	

Principal Place of Business <b>4869 KENSINGTON CIRCLE CORAL SPRINGS FL 33076</b>	Mailing Address <b>4869 KENSINGTON CIRCLE CORAL SPRINGS FL 33076</b>
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2. Principal Place of Business <i>N/A</i>	3. Mailing Address <i>N/A</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E083 (11/03)

FEL Number <b># 51-0477845</b>		Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HERMAN, BRUCE**  
**1401 E. BROWARD BLVD, STE 206**  
**FT LAUDERDALE FL 33301**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>GROSS, BRADLEY H</b>	
STREET ADDRESS	<b>4869 KENSINGTON CIRCLE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33076</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>LUCIANO, FRANK V</b>	
STREET ADDRESS	<b>4869 KENSINGTON CIRCLE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33076</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS / CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Bradley H. Gross* **04/24/04** 954-553-0254  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #