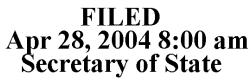
## 2004 LIMITED LIABILITY COMPANY

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

## ANNUAL REPORT (AR) DOCUMENT # L03000028916



i. Chury man	ne .		66 2 1 1 1 1 1 1 1	
PINETREE ESTATE HOMES, LLC				04-28-2004 90059 003 ****50.00
Principal Place of Business Mailing Address				
4869 KENSINGTON CIRCLE		4869 KENSINGTON CIRCLE		
	RINGS FL 33076	CORAL SPRINGS FL 3:	3076	
2. Principal Place of Business		3. Mailing Address		
NA		NA		
Suite, Apt. #, efc.		Suite, Apt. #, etc.		MOORE CR2E083 (11/03)
City & State		City & State		FELNumber Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name	
HERMAN, BRUCE			Ctroot Address	(P.O. Roy Number is Not Acceptable)
1401 E. BROWARD BLVD, STE 206 FT LAUDERDALE FL 33301			Sireer Address	(P.O. Box Number is Not Acceptable)
ri.	LAUDENDALE FL 33301			
			City	FL Zip Code
		for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
the obliga	tions of registered agent.			
SIGNATURE				
	signature, typed or printed name of registered age	Charles and the second second	Carlot Art L. Language (1997 - 1998) and carlot	<b>沙特曼文学等是《水南等</b>
			)W!!! FEE IS \$50.00	
		<ul> <li>Control of the control of the control</li></ul>	e to Florida Departm By May 1, 2004	ent of State
			A STATE OF THE STA	
9.	MANAGING MEME	<del></del>	10.	ADDITIONS/CHANGES
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Street Address	GROSS, BRADLEY H		NAME Street address	
CITY-ST-ZIP	4869 KENSINGTON CIRCLE CORAL SPRINGS FL 33076		CITY-ST-ZIP	
TIRLE	MGRM	П 6-/-/-	_	□ Change □ Addition
NAME	LUCIANO, FRANK V	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	1		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-ZIP	
TITLE		☐ Delete	. TITLE,	Addition -
NAME			NAME	
STREET ADDRESS	J	———	STREET ADDRESS	الوافقانية للومليونية المناف ا
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	<b>\</b>	☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
				part and a second
TITLE		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS		•	NAME CTOSET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
		10 AL 2 CO 1		, , , , , , , , , , , , , , , , , , ,
indicated	certify that the information supplied widen this report is true and accurate an ability company or the receiver or trust	nd that my signature shall have:	the same legal effect as if	Section 119.07(3)(i), Florida Statutes, I further certify that the information made under oath; that I am a managing member or manager of the