2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 17, 2005 08:00 AM DOCUMENT # L03000033999 1. Entity Name **Secretary of State** PINEAPPLE CAY, L.L.C. Principal Place of Business Mailing Address 370 LAKEVIEW DRIVE MELBOURNE FL 32951 370 LAKEVIEW DRIVE MELBOURNE FL 32951 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) 4. FEI Number Applied For City & State City & State 20-0289847 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERSTNER, CLARK Street Address (P.O. Box Number is Not Acceptable) 370 LAKEVIEW DRIVE MELBOURNE FL 32951 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ AdditIon TITLE Change TITLE MGRM Delete NAME GERSTNER, CLARK NAME STREET ADDRESS STREET ADDRESS 370 LAKEVIEW DR. CITY-ST-ZIP CITY-ST-ZIP MELBOURNE BEACH FL 32951 Change ☐ Addition MGRM ☐ Delete TITLE TITLE U00000267149 NAME NAME. SCULTHORP, BRIAN 03/Ĭ770Š-800\$8-008 50.00 STREET ADDRESS STREET ADDRESS 5555 A1A CITY-ST-ZIP CITY-ST-ZIP MELBOURNE BEACH FL 32951 Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY- ST- 71P CITY-ST-ZIP Change Addition THE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change TITLE Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

Clark Gerstver

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

SIGNATURE