


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 15 AM 9:27

DOCUMENT # L03000033999 1. Entity Name PINEAPPLE CAY, L.L.C.	
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Principal Place of Business 370 LAKEVIEW DRIVE MELBOURNE, FL 32951	Mailing Address 370 LAKEVIEW DRIVE MELBOURNE, FL 32951
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2. Principal Place of Business	3. Mailing Address	11072006 Chg-LLC CR2E083 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 20-0289847
City & State	City & State	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent GERSTNER, CLARK 370 LAKEVIEW DRIVE MELBOURNE, FL 32951	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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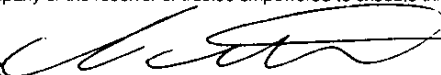
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$50.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERSTNER, CLARK 370 LAKEVIEW DR. MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900081775129 11/15/06--01003--012 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCULTHORN, BRIAN 5555 A1A MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM NW INVESTMENTS, INC 5555 S. HWY A1A MELBOURNE BEACH FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

SIGNATURE:  11/8/06 772 713 0513

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