


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 21, 2004 8:00 am
Secretary of State

04-23-2004 90022 009 ***150.00

DOCUMENT # L03000038264																																																																																																									
1. Entity Name PINETRADE, LLC																																																																																																									
Principal Place of Business 6196 LAKE GRAY BLVD., STE. 102 JACKSONVILLE FL 32244			Mailing Address 6196 LAKE GRAY BLVD., STE. 102 JACKSONVILLE FL 32244																																																																																																						
2. Principal Place of Business		3. Mailing Address																																																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																							
City & State		City & State		4. FEI Number 20-0281921																																																																																																					
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																					
6. Name and Address of Current Registered Agent CROSBY, RUSSELL B 6196 LAKE GRAY BLVD., STE. 102 JACKSONVILLE FL 32244			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 _____ (NOTE: Registered Agent signature required when re-registering)																																																																																																									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">CO-MANAGING DIRECTOR <input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 25%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>RUSSELL CROSBY</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6196 LAKE GRAY BLVD. STE. 102</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32244</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>CO-MANAGING DIRECTOR <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>ARTHUR ANDERSON</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6196 LAKE GRAY BLVD. STE 102</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32244</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DIRECTOR <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>REESE BLANTON</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6196 LAKE GRAY BLVD. STE 102</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32244</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DIRECTOR <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>MARTIN FEUER</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6196 LAKE GRAY BLVD. STE 102</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32244</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DIRECTOR <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>JAY HUDSON</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6196 LAKE GRAY BLVD. STE 102</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32244</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DIRECTOR <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>J. ELLIS CROSBY JR.</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6196 LAKE GRAY BLVD. STE 102</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32244</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE	CO-MANAGING DIRECTOR <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	RUSSELL CROSBY	NAME		STREET ADDRESS	6196 LAKE GRAY BLVD. STE. 102	STREET ADDRESS		CITY-ST-ZIP	JACKSONVILLE, FL 32244	CITY-ST-ZIP		TITLE	CO-MANAGING DIRECTOR <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	ARTHUR ANDERSON	NAME		STREET ADDRESS	6196 LAKE GRAY BLVD. STE 102	STREET ADDRESS		CITY-ST-ZIP	JACKSONVILLE, FL 32244	CITY-ST-ZIP		TITLE	DIRECTOR <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	REESE BLANTON	NAME		STREET ADDRESS	6196 LAKE GRAY BLVD. STE 102	STREET ADDRESS		CITY-ST-ZIP	JACKSONVILLE, FL 32244	CITY-ST-ZIP		TITLE	DIRECTOR <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	MARTIN FEUER	NAME		STREET ADDRESS	6196 LAKE GRAY BLVD. STE 102	STREET ADDRESS		CITY-ST-ZIP	JACKSONVILLE, FL 32244	CITY-ST-ZIP		TITLE	DIRECTOR <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	JAY HUDSON	NAME		STREET ADDRESS	6196 LAKE GRAY BLVD. STE 102	STREET ADDRESS		CITY-ST-ZIP	JACKSONVILLE, FL 32244	CITY-ST-ZIP		TITLE	DIRECTOR <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	J. ELLIS CROSBY JR.	NAME		STREET ADDRESS	6196 LAKE GRAY BLVD. STE 102	STREET ADDRESS		CITY-ST-ZIP	JACKSONVILLE, FL 32244	CITY-ST-ZIP	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																																																																																																							
TITLE	CO-MANAGING DIRECTOR <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																						
NAME	RUSSELL CROSBY	NAME																																																																																																							
STREET ADDRESS	6196 LAKE GRAY BLVD. STE. 102	STREET ADDRESS																																																																																																							
CITY-ST-ZIP	JACKSONVILLE, FL 32244	CITY-ST-ZIP																																																																																																							
TITLE	CO-MANAGING DIRECTOR <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																						
NAME	ARTHUR ANDERSON	NAME																																																																																																							
STREET ADDRESS	6196 LAKE GRAY BLVD. STE 102	STREET ADDRESS																																																																																																							
CITY-ST-ZIP	JACKSONVILLE, FL 32244	CITY-ST-ZIP																																																																																																							
TITLE	DIRECTOR <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																						
NAME	REESE BLANTON	NAME																																																																																																							
STREET ADDRESS	6196 LAKE GRAY BLVD. STE 102	STREET ADDRESS																																																																																																							
CITY-ST-ZIP	JACKSONVILLE, FL 32244	CITY-ST-ZIP																																																																																																							
TITLE	DIRECTOR <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																						
NAME	MARTIN FEUER	NAME																																																																																																							
STREET ADDRESS	6196 LAKE GRAY BLVD. STE 102	STREET ADDRESS																																																																																																							
CITY-ST-ZIP	JACKSONVILLE, FL 32244	CITY-ST-ZIP																																																																																																							
TITLE	DIRECTOR <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																						
NAME	JAY HUDSON	NAME																																																																																																							
STREET ADDRESS	6196 LAKE GRAY BLVD. STE 102	STREET ADDRESS																																																																																																							
CITY-ST-ZIP	JACKSONVILLE, FL 32244	CITY-ST-ZIP																																																																																																							
TITLE	DIRECTOR <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																						
NAME	J. ELLIS CROSBY JR.	NAME																																																																																																							
STREET ADDRESS	6196 LAKE GRAY BLVD. STE 102	STREET ADDRESS																																																																																																							
CITY-ST-ZIP	JACKSONVILLE, FL 32244	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.																																																																																																									
<table style="width:100%;"> <tr> <td style="width: 40%;"> SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </td> <td style="width: 20%; text-align: center;"> Russell Crosby <small>Date</small> </td> <td style="width: 20%; text-align: center;"> 4-21-04 <small>Date</small> </td> <td style="width: 20%; text-align: center;"> 904.777.2655 <small>Daytime Phone #</small> </td> </tr> </table>						SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Russell Crosby <small>Date</small>	4-21-04 <small>Date</small>	904.777.2655 <small>Daytime Phone #</small>																																																																																																
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Russell Crosby <small>Date</small>	4-21-04 <small>Date</small>	904.777.2655 <small>Daytime Phone #</small>																																																																																																						