

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000040454

1. Entity Name
PINECREST HOMES, LLC



Principal Place of Business

**1053 MAITLAND CENTER COMMONS
SUITE 200
MAITLAND, FL 32751**

Mailing Address

**1053 MAITLAND CENTER COMMONS
SUITE 200
MAITLAND, FL 32751**



01172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0715481

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GABBAI, A. DAVID
1053 MAITLAND CENTER COMMONS
SUITE 200
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GABBAI, OREN R
STREET ADDRESS	639 OAK HOLLOW WAY
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	MGR
NAME	GABBAI, A. DAVID
STREET ADDRESS	1053 MAITLAND CENTER COMMONS, SUITE200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000534370
01/22/07-80069-003 50.00

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: _____

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

1/17/07

Date

407.
869-1000

Daytime Phone #