

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90048 027 ****50.00

DOCUMENT # L03000046831	
1. Entity Name PINES EXECUTIVE SUITES, LLC	



Principal Place of Business 8192 COLLEGE PARKWAY FORT MYERS, FL 33904	Mailing Address 1923 SE 14TH STREET CAPE CORAL, FL 33990
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24034114

2. Principal Place of Business	3. Mailing Address 1801 S. TAMiami TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc. #16-PMB 114
City & State	City & State FORT MYERS, FL
Zip	Zip 33908
Country	Country US



03222004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0422193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
BUCKLEY, J. PATRICK ESQ COTTRELL, WARCHOL, MERCHANT & ROLLINGS, LL 1633 SE 47TH TERRACE CAPE CORAL, FL 33904

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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	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	MGR BOSSOW, BRUCE TRUSTEE 9225 SOUTH ROUTE 31 LAKE IN THE HILLS, IL 60156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Bruce Bossow **4/14/4 847-854-2300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #