2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000046831

1. Entity Name

PINES EXECUTIVE SUITES, LLC

FILED Feb 23, 2006 08:00 AM Secretary of State

Principal Place of Business 8192 COLLEGE PARKWAY FORT MYERS, FL 33904 Mailing Address

18011 S. TAMIAMI TRAIL #16-PMB 114

FORT MYERS, FL 33908

US



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0422193 Applied For Not Applicable

5. Certificate of Status Desired

\$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

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	The above named entity submits this statement for the purpose of char the obligations of registered agent.	nging its registered affice or registered agent, or both, in the Sta	ite of Florida. I am familiar with, and accept
SI	GNATURE		

Filing Fee is \$50.00 Due by May 1, 2006

U00000445474 03/07/06-80048-002 50.00

9. TITLE NAME	MANAGING MEMBERS/MANAGERS MGR BOSSOW, BRUCE TRUSTEE		
STREET AUDITESS CITY-ST-ZIP	9225 SOUTH ROUTE 31 LAKE IN THE HILLS, IL 60156		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CRY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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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 ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/3/06

847-854-2300

Daytime Phone #