2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

04-20-2005 90038 038 ****50.00

DOCUMENT # L04000015666

1. Entity Name
PINE GROVE, LLC

30006299

Principal Place of Business	Mailing Address
432 SOUTH BABCOCK STREET MELBOURNE, FL 32901	432 SOUTH BABCOCK STREET MELBOURNE, FL 32901

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04152005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0783685 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEZZEMENTI, ALEXANDER 432 SOUTH BABCOCK STREET MELBOURNE, FL 32901	Name: JAMES H. FALLACE Street Address (P.O. Box Number is Not Acceptable): 1900 S. HICKORY ST. SUITE A City: MELBOURNE FL Zip Code: 32901

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] 5-11-05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: JERRY J PEZZEMINTI JR STREET ADDRESS: 432 S BABCOCK ST CITY-ST-ZIP: MELBOURNE FL 32901	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: ALEXANDER PEZZEMINTI STREET ADDRESS: 432 S. BABCOCK ST CITY-ST-ZIP: MELBOURNE FL 32901	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

JERRY J. PEZZEMINTI JR.

SIGNATURE: [signature] 4/15/2005 321-723-0651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #