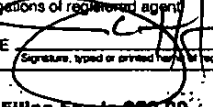
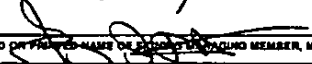


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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																																	
Principal Place of Business 432 SOUTH BABCOCK STREET MELBOURNE, FL 32901			Mailing Address 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	4. FEI Number 20-0783685																													
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable																													
6. Name and Address of Current Registered Agent PEZZEMENTI, ALEXANDER 432 SOUTH BABCOCK STREET MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name JAMES H. FALLACE Street Address (P.O. Box Number is Not Acceptable) 1900 S. HICKORY ST. SUITE A City MELBOURNE FL 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  DATE 5-11-05 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when relinquishing)																																	
Filing Fee is \$90.00 Due by May 1, 2005		Make check payable to Florida Department of State																															
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%; padding: 2px;"> ☐ Delete </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%; padding: 2px;"> ☐ Change ☒ Addition </td> </tr> <tr> <td style="padding: 2px;"> HGR JERRY J PEZZEMENTI JR 432 S BABCOCK ST MELBOURNE FL 32901 </td> <td></td> </tr> <tr> <td style="padding: 2px;"> HGR ALEXANDER PEZZEMENTI 432 S. BABCOCK ST MELBOURNE FL 32901 </td> <td></td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	HGR JERRY J PEZZEMENTI JR 432 S BABCOCK ST MELBOURNE FL 32901		HGR ALEXANDER PEZZEMENTI 432 S. BABCOCK ST MELBOURNE FL 32901									
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. PEZZEMENTI JR. SIGNATURE:  DATE 4/15/2005 321-723-0651 SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING AS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																	

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