


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90215 015 \*\*\*\*50.00

<b>DOCUMENT # L04000018638</b> 1. Entity Name <b>PINE MANOR, LLC</b>					
Principal Place of Business <b>1501 SUNSET DR. SECOND FLOOR CORAL GABLES, FL 33143</b>			Mailing Address <b>1501 SUNSET DR. SECOND FLOOR CORAL GABLES, FL 33143</b>		
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 <b>20-0972284</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Name and Address of Current Registered Agent				5.00 Additional Fee Required	
<b>MATTAWAY, L. RICHARD 1501 SUNSET DR. SECOND FLOOR CORAL GABLES, FL 33143</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reappointing) _____ 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
		<b>WESTWAY INC. 1501 Sunset Drive, 2nd Floor Coral Gables, FL 33143</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
		<b>KHEEL CORPORATION 1501 Sunset Drive, 2nd Floor Coral Gables, FL 33143</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<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)(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.					
SIGNATURE: _____		Date: <b>4/7/05</b>		Daytime Phone #: <b>(305) 662-1421</b>	