## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L04000018638

1. Entity Name PINE MANOR, LLC



Principal Place of Business

7301 SW 57 CT STE 440 CORAL GABLES, FL 33143

Mailing Address

7301 SW 57 CT STE 440 CORAL GABLES, FL 33143

## REJECTED

L04000018638

FILED

2007 OCT 24 AM 8: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01052007 No Chg-LLC

CR2E083 (11/05)-

4. FEI Number 20-0972284 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Reguland

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MATTAWAY, L. RICHARD 7301 SW 57 CT STE 440 CORAL GABLES, FL 33143

### DO NOT WRITE IN THIS SPACE



8.	b. 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, 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, 2007

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTWAY INC 7301 SW 57 CT STE 440 MIAMI, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHERR CORPORATION 7301 SW 57 CT STE 440 CORAL GABLES, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

# DO NOT WRITE IN THIS SPACE

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 expression of the same legal effect as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Dayume Phone #