## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Mailing Address

DOCUMENT # L04000031026

1. Entity Name

Principal Place of Business

PINE TREE HOMES @ PALM BEACH GARDENS, LLC



**FILED** Mar 14, 2008 08:00 A Secretary of State

Secrei

MGR	SUITE 11 SUITE DELRAY BEACH FL 33444 DELRA US US		SUITE 11 DELRAY BEACH US	LRAY BEACH FL 33444								
City & State    City & State   City & City & State   City & City	2. Principal P	lace of Busin	iess - No P.O. Bax #	3. Mailing Address	5							
September   Sept	Suite, Apt.	#. elc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			1st MOORE CR2E083 (10/07)				
Country	City & State			City & State	City & State			26_4570460				
B. Name and Address of Current Registered Agent	Zip		Country	Zìp	ip Couritr		5. Certificate	5. Certificate of Status Desired			\$5.00 Additional	
Name	*******************************	6. Name	and Address of Curren	t Registered Agent		T	7. Name and	Address of New R			<u> </u>	
42 NORTH SWINTON AVENUE SUITE 11 DELRAY BEACH FL 33444  City  FL  Zip Code  6. The above named entire submits this statement for the purpose of changing its registered agent, or point, in the Suite of Florida. I am familiar with, and accept the obligations of registered agent, or point, in the Suite of Florida. I am familiar with, and accept the obligations of registered agent, or point, in the Suite of Florida. I am familiar with, and accept the obligations of registered agent, or point, in the Suite of Florida. I am familiar with, and accept the obligations of registered agent, or point, in the Suite of Florida. I am familiar with, and accept the obligations of registered agent, or point, in the Suite of Florida. I am familiar with, and accept the obligations of registered agent, or point, in the Suite of Florida. I am familiar with, and accept the obligations of registered agent, or point, in the Suite of Florida. I am familiar with, and accept the obligations of registered agent, or point, in the Suite of Florida Department of State  After May; 1, 2008; Fee Will Be \$538,75  This is not a suite of Florida Department of State  B. MANAGING MEMBERS MANAGERS 10. ADD TIONS/CHANGES  Change Change Addition  MARK 10. ADD TIONS/CHANGES  Change Change Addition  MARK 10. SHEET ADDRESS  CUT-ST-ZP  CITY ST-ZP  CITY				<u> </u>								
BELRAY BEACH FL 33444  City FL Zip Code  8. The above named ently submits the statement for the purpose of changing its registered diffice or registered agent, or com, in the State of Floride. I am familiar with, and accept the obligations of registered agent, or com, in the State of Floride. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature Registered spent.  MARIE May 1, 2008, Fee Will Be \$538.75  MANAGING MEMBERS / MANAGERS  MANAGING MEMBERS / MANAGERS  10.	42 NORTH SWINTON AVENUE				Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or octiv, in this State of Florida. I am familiar with, and accept the obligations of registered agent.    City   FL   Zip Code			CH FL 33444									
The obligations of registered agent.  SIGNATURE  **SIGNATURE**  **FILE**  **FILE**  **After May 1, 2008, "Fee Will Be \$538.75"  **Make Check Payable to Florida Department of State**  **Make Check Payable to Florida Department of St						City	·	FL Zip Code			e	
STILE   NOW   II   FIEE   S   138.75				for the purpose of chan	ging its register	ed office or regist	tered agent, or bo	th, in the State of Flo	rida. I am fa	miliar with,	and accept	
### FILE NOW!!! FEE IS \$138.75  After May 1, 2008, "Fee Will Be \$538.75    Make Check Payable to Florida Department of State												
### After May 1, 2008, Fee Will Be \$538.75   Make Check Payable to Florida Department of State		Signature, typed	or primed name of registered agon	nt and title if pepilicable	(NOTE Registers	ct Ayent signature requir	ectl when remstating)		DATE			
MGR	After May 1, 2008, Fee Will Be \$538.75											
MAME   MASEY, MARTIN J   MAME   STREET ADDRESS   D4/01/08-80060-015   138.75	9.		MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/	CHANGES	·		
A NORTH SWINTON AVE, SUITE 11   STREET ADDRESS   04/01/08-30060-015   138.75	TITLE	MGR		□ Dole	te Titu	F.				Change	☐ Addition	
CITY-ST-2P	NAME	HASEY, MARTIN J						U080008	58809			
MAME   STREET ADDRESS	STREET ADDRESS CITY+ST-ZIP	•						04/01/08-8	0060-01	5 138.	75	
STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   CHange   Addition	TITLE			☐ Dele	te Iiil	£				Change	Addition	
CITY-ST-ZIP	NAME STORES ADDRESS											
NAME \$198E1 ADDRESS \$CITY-\$1-7IP    Delete	CITY-ST-7IP											
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  Delete NAME NAME NAME NAME NAME NAME NAME NAME	TITLE	· · · · · · · · · · · · · · · · · · ·		□ Dele	te Tifil	E				Change	Addition	
CITY-ST-ZIP	NAME					-						
TITLE NAME NAME STREET ADDRESS GITY-SI-ZIP  TITLE NAME STREET ADDRESS GITY-SI-ZIP  TITLE Delate TITLE NAME STREET ADDRESS GITY-SI-ZIP  TITLE NAME STREET ADDRESS GITY-SI-ZIP  TITLE NAME STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP											
STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS	TITLE			□ Dele				· · · · · · · · · · · · · · · · · · ·		Change	Addition	
CITY-S1-ZIP  CITY-S1-ZIP  TITLE NAME NAME SIREET ADDRESS CITY-S1-ZIP  TITLE Delate Diff NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME NAME STREET ADDRESS	NAME				NAM	ŀΕ						
TITLE Delete Delete NAME NAME STREET ADDRESS GITY-ST-ZIP TITLE Delete Delete NAME STREET ADDRESS GITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	STREET ADDRESS CITY-ST-7IP				ľ	l					:	
NAME SIRECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP  TITLE Delete NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE			□ Dele						Change	Addition	
CITY-ST-ZIP	NAME				NAM	íE.					_	
TITLE Delate TITLE Change Addition  NAME  STREET ADDRESS  STREET ADDRESS	STREET ADDRESS				1	ľ						
NAME STREET ADDRESS STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			Пъл					:	7 Channa	Addition	
STREET ADDRESS STREET ADDRESS	NAME			ET DS18		1			i	— onange	L.J Addition	
CITY ST-ZIP CITY-ST-ZIP	STREET ADDRESS				3	E .					}	
11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes I further certify that the information	CITY ST-ZIP	L <u>.</u>										

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the limited liability company or the receiver or justee empewered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE