

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040333

Entity Name: TALL PINES, LLC

FILED  
Feb 28, 2006  
Secretary of State

**Current Principal Place of Business:**

115 1/2 E. INDIANA AVENUE  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 457  
DELAND, FL 327210457

**New Mailing Address:**

FEI Number: 20-2498097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORD, F.A. JR  
145 E. RICH AVENUE STE. C  
DELAND, FL 327210048 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FORD, F.A. JR  
Address: 145 E. RICH AVENUE STE C  
City-St-Zip: DELAND, FL 327210048

Title: MGRM ( ) Delete  
Name: STROBECK, ELIZABETH F  
Address: 509 WEST NEW YORK AVENUE  
City-St-Zip: DELAND, FL 32720 US

Title: MGRM ( ) Delete  
Name: VEECH, BARBARA F  
Address: 1000 NORTH FLORIDA AVENUE  
City-St-Zip: DELAND, FL 32720 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELIZABETH F. STROBECK

MGRM

02/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date