

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040333

Entity Name: TALL PINES, LLC

FILED
Feb 12, 2007
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: F.A. FORD, JR

MGR

02/12/2007

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