
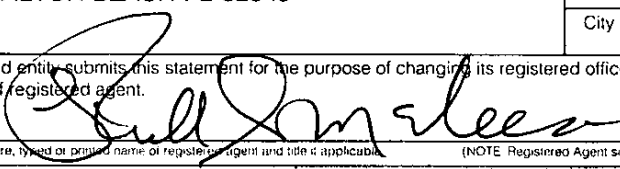
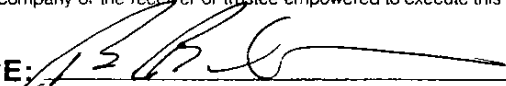


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90017 013 ****50.00

DOCUMENT # L04000048874 1. Entity Name PINE HILL DEVELOPMENT, L.L.C.					
Principal Place of Business 8130 E CACTUS ROAD SUITE 500 SCOTTSDALE AZ 85260			Mailing Address 8130 E CACTUS ROAD SUITE 500 SCOTTSDALE AZ 85260		
2. Principal Place of Business 4507 Furling Lane Suite, Apt. #, etc. Suite 206		3. Mailing Address 4507 Furling Lane Suite, Apt. #, etc. Suite 206			
City & State Destin, FL Zip 32541		City & State Destin, FL Zip 32541		4. FEI Number 14-1910870	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PETERMANN, RICHARD P SMITH, GRIMSLEY, BAUMAN, PINKERTON, PETERM 25 N.E. WALTER MARTIN ROAD FORT WALTON BEACH FL 32548			7. Name and Address of New Registered Agent Name McNeese, Richard S Street Address (P.O. Box Number is Not Acceptable) 36468 Emerald Coast Parkway Suite 1201 City Destin FL Zip Code 32541		
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  DATE 5/1/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REDFEATHER HOLDINGS, LLC 8130 E CACTUS ROAD SUITE 500 SCOTTSDALE AZ 85260	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby 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 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:  4/17/06 850-585-3667 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					