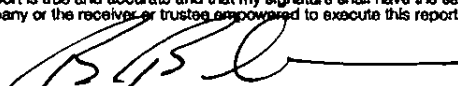


FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90092 028 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000048874			
1. Entity Name PINE HILL DEVELOPMENT, L.L.C.			
Principal Place of Business 4507 FURLING LANE STE 206 DESTIN, FL 32541		Mailing Address 4507 FURLING LANE STE 206 DESTIN, FL 32541	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8937 E. Bell Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 202	
City & State		City & State Scottsdale, AZ	
Zip	Country	Zip	Country
		85260	
4. FEI Number 14-1910870		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCNEESE, RICHARD S 36468 EMERAL COAST PKWY SUITE 1201 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
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 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Redfeather Holdings, LLC 8937 E. Bell Road, Suite 202 Scottsdale, AZ 85260 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		5/22/07 PTO-SFJ-3667	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	