


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90024 041 ****50.00

DOCUMENT # L04000055435

1. Entity Name
PINECASTLE-1, LLC



Principal Place of Business
**557 WYMORE ROAD NORTH, STE. 101
 MAITLAND, FL 32751**

Mailing Address
**PO BOX 941483
 MAITLAND, FL 32794-1483**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

02242006 Chg-LLC CR2E083 (11/05)



4. FEI Number
11-3724789

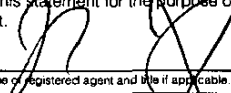
Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**LCARDI, JEFFEY A
 549 WYMORE ROAD NORTH, STE. 109
 MAITLAND, FL 32751**

7. Name and Address of New Registered Agent
 Name **Icardi, Jeffrey A.**
 Street Address (P.O. Box Number is Not Acceptable) **2180 West State Road 434**
Suit 6190
 City **Longwood** **FL** Zip Code **32779**

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 **2/24/06**

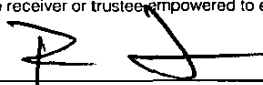
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ISOLA, ROBERT E 557 WYMORE ROAD NORTH, STE. 101 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> 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:  DATE **2/27/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
2006284
#L0400005543 SICARDI & ICARDI, P.A.
2180 W. STATE ROAD 434, STE. 6190
LONGWOOD, FL 32779
POST OFFICE BOX 1656
MAITLAND, FL 32794-1656
407-647-1859
FAX: 407-647-3224

Transmittal Memorandum

Date: March 3, 2006

TO:

Secretary of State
Division of Corporations
Annual Report Filings
PO Box 6198
Tallahassee, FL 32314-6198

RE: PINECASTLE-1, LLC

SUBJECT:

Enclosed are the 2006 Annual Report for Pinecastle-1, LLC and a check in the sum of \$50.00.

cc: Steve Provost
Karem Duggal