

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055435

**FILED**  
**Jan 07, 2008**  
**Secretary of State**

**Entity Name:** PINECASTLE-1, LLC

**Current Principal Place of Business:**

557 WYMORE ROAD NORTH, STE. 101  
MAITLAND, FL 32751

**New Principal Place of Business:**

543 WYMORE ROAD NORTH, STE. 103  
MAITLAND, FL 32751

**Current Mailing Address:**

PO BOX 941483  
MAITLAND, FL 327941483

**New Mailing Address:**

**FEI Number:** 11-3724789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ICARDI, JEFFREY A  
2180 W STATE RD, 434  
STE 6190  
LONGWOOD, FL 32779 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: MGRM ( ) Delete  
Name: ISOLA, ROBERT E  
Address: 557 WYMORE ROAD NORTH, STE. 101  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ISOLA, ROBERT E  
Address: 543 WYMORE ROAD NORTH, STE. 103  
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT E. ISOLA

MGRM

01/07/2008

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