## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 02, 2007 8:00 am Secretary of State

	ANNUAL	. REPORT		Secretary of State
DOCUMENT # L0400056603  1. Entity Name P.I.E. I, LLC				05-02-2007 90346 030 ****50.00
Principal Place of Business		Mailing Address		
2104 53RD AVENUE EAST BRADENTON, FL 34203		2104 53RD AVENUE EAST BRADENTON, FL 34203		40098021
Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242007 Chg-LLC CR2E083 (12/06)
City & State		City & State		4. FEI Number Applied For 20-1638495 Not Applicable
Zip	Country	Zip	Country	Certificate of Status Desired
6. Name and Address of Current Regist		Registered Agent		7. Name and Address of New Registered Agent
DADEDENIĆKINAL EVANDED C			Name	
PADEREWSKI, ALEXANDER G 1834 MAIN STREET SARASOTA, FL 34236			Street Ad	dress (P.O. Box Number is Not Acceptable)
		City		FL Zip Code
8. The above	anamed entity submits this statement for	or the purpose of changing its	registered office or a	egistered agent, or both, in the State of Florida. I am familiar with, and accept
	tions of registered agent.		_	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signatur	required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANIS DILLARD LEWIS 18154 FEHR LANE MANCHESTER, MI 48158	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	- ·· ····· □ Change··· □ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KROESCH, MARGARET P 6000 INDIAN CREEK DRIVE OVERLAND PARK, KS 66207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAMPION, JOHN R 1030 59TH STREET OAKLAND, CA 94608	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NANNEY, MARGARET B 2104 53RD AVENUE EAST BRADENTON, FL 34203	☐ 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		☐ Delete	TITLE NAME	☐ 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

5/1/07

(941)650-8378