


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000058055 1. Entity Name PINHOOK INVESTMENTS LLC	
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Principal Place of Business 23900 MANDALAY RD LAMONT FL 32336	Mailing Address 23900 MANDALAY RD LAMONT FL 32336
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 30-0267316		
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent

**WILSON, ROBERT M
3094 CAMELLIAWOOD CIR
TALLAHASSEE FL 32302**

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		Delete
TITLE	MGRM	<input type="checkbox"/>
NAME	LILLIOTT, HUGH	
STREET ADDRESS	23900 MANDALAY RD	
CITY-ST-ZIP	LAMONT FL 32336	
TITLE	MGRM	<input type="checkbox"/>
NAME	WILSON, ROBERT M	
STREET ADDRESS	P.O. BOX 3754	
CITY-ST-ZIP	TALLAHASSEE FL 32315	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		Change	Addition
TITLE	LILLIOTT, HUGH	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

L000000502536
04/25/06-80107-010 Change Addition

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: *Hugh Lillioth* 319-06 850-584-9094