*2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

| | | - 1/21 - 1/1 | | | , i | oeci eta | ry or Su | iii |
|---|---|--|---|---------------|-------------------|-----------------------------|---|----------------------------|
| DOCUMENT # L0400068291 1. Entity Name RICHARD-BRANDON/PINE MANOR, LLC | | | | | | 04-24-2006 9 | 00049 020 ****50 | |
| Principal Plac | e of Business | Mailing Address | | | | - 057 | | |
| | | · · · · · · · · · · · · · · · · · · · | | | _ | 0058057 | | |
| 1501 SUNSEL DRIVE | | 1501 SUNSET DRIVE | | | <u> </u> | n_{0} | | |
| SECOND-FLOOR GORAL GABLES, FL 33143 | | SECOND FEOOR CORAL CABLES, FL 33143 | | | | · | | |
| WORL GADE | .E3, FL 33143 | -EURAL UABLES, FL 33 | 143 | | | in Adin Dirii dani Adin Adi | riii 89119 Birbi 19118 ABIT 48194 11 | 116L M 111 |
| 2 Proposal C | Place of Business | 3. Mailing Address | | | | | | |
| | | 3. Mailing Address | | | | | | LBB: LB |
| 73015W 5+CT | | 150150 37 0 | | <u> </u> | | | | |
| Suite, Apt. #. etc. | | Suite, Apt. #, etc. | | | 01042006 | Chg-LLC | CR2E083 (11/05) | |
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| City & Stat | | City & State | | 7-1 | 4. FEI Numi | | | oplied For |
| HOOM | Pullawi-El | | Jami- | -1 | <u>-20-</u> | 238895 | <u> </u> | ot Applicable |
| _Zip | Country | Zip | Country | | 5 Certificat | e of Status Desired | □ \$5.00 Ad | ditional |
| 3314 | 3 USA | | | | J. Commean | e or oracia besired | Fee Require | ed |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name an | d Address of New | Registered Agent | |
| | 5-1 | | Name | | | | | |
| MATTAWA | AY, L. RICHÄ́RĎ.∜ | | | | | | | |
| 1501 SUN | SET DRIVE | | Street A | ddress (F | | is Not Acceptable | | _ |
| SECOND | | | 72 | <u> </u> | <u>5w</u> | <u>57 00</u> | <u> </u> | |
| CORAL G. | ABLES, FL 33143 | | | | | | | |
| | - | | City | | 1. | | Zip Coo | io. |
| | | | 0119 | | 44 M | JIWWI | PL \33 | ⁵ 43 |
| | named entity submits this statement for tions of registered agent. | or the purpose of changing its r | egistered office o | r registeri | ed agent, or b | oth, in the State of Fl | orida. I am familiar with | and accept |
| | - | | | | | | | |
| SIGNATURE | Signature, Typed or printed name of registered agent | and little if applicable. (NOTE: | Registered Agent signal | nte recontect | when reinstation) | | DATE | |
| | | | | | | | | |
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| | iling Fee is \$50.00 ue by May 1, 2006 | | | | | | ke check payable to a Department of Stat | e |
| | iling Fee is \$50.00 | | 10. | | • | Florid | ke check payable to | ė |
| 9. | iling Fee is \$50.00 ue by May 1, 2006 : MANAGING MEMBI | ERS/MANAGERS | 10. | | | Florid | ke check payable to a Department of Stat /CHANGES | |
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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:

MANHUL L.R. Mattaway

7/17/00

305-662-142