

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068859

Entity Name: 7780 PINEHURST, L.L.C.

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

8529 SOUTH PARK CIRCLE
SUITE 240
ORLANDO, FL 32819 US

New Principal Place of Business:

7004 ISLAND LAKE LANE
LAKELAND, FL 33813 US

Current Mailing Address:

8529 SOUTH PARK CIRCLE
SUITE 240
ORLANDO, FL 32819 US

New Mailing Address:

7004 ISLAND LAKE LANE
LAKELAND, FL 33813 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RICHARDSON, KEVIN W ESQ
8529 SOUTH PARK CIRCLE
SUITE 240
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

RICHARDSON, KEVIN W ESQ
7004 ISLAND LAKE LANE
LAKELAND, FL 33813 US

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:

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RICHARDSON, KEVIN W ESQ
Address: 8529 SOUTH PARK CIRCLE, SUITE 240
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RICHARDSON, KEVIN W ESQ
Address: 7004 ISLAND LAKE LANE
City-St-Zip: LAKELAND, FL 33813 US

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: KEVIN W. RICHARDSON, ESQ.

MGRM

05/01/2007

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