

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000069761



1. Entity Name
IN THE PINES FLORIDA, LLC

Principal Place of Business
**12100 WILSHIRE BLVD., SUITE 250
 LOS ANGELES, CA 90025**

Mailing Address
**12100 WILSHIRE BLVD., SUITE 250
 LOS ANGELES, CA 90025**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
20-1670794

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE, SUITE 4
 WESTON, FL 33331**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
 NAME IN THE PINES MEMBER, LLC
 STREET ADDRESS 12100 WILSHIRE BLVD., SUITE 250
 CITY-ST-ZIP LOS ANGELES, CA 90025

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

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

Date

Daytime Phone #