


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 A
Secretary of State

| | |
|---------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L04000069761 |  |
| 1. Entity Name IN THE PINES FLORIDA, LLC | |

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|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business 12100 WILSHIRE BLVD., SUITE 250 LOS ANGELES, CA 90025 | Mailing Address 12100 WILSHIRE BLVD., SUITE 250 LOS ANGELES, CA 90025 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



01092008 No Chg-LLC CR2E083 (12/07)

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 20-1670794 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 |
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DO NOT WRITE IN THIS SPACE

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 \$138.75
After May 1, 2008 Fee will be \$538.75

04/16/08-30002-015 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|---------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR IN THE PINES MEMBER, LLC 12100 WILSHIRE BLVD., SUITE 250 LOS ANGELES, CA 90025 |
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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: Richard Nathan, Pres. 4/2/08 310-826-7301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #