

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90075 004 ****50.00


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CVI

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000070825

1. Entity Name
IN THE PINES MEMBER, LLC



20024073

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.

City & State

City & State

Zip

Country

Zip

Country

03132006 Chg-LLC CR2E083 (11/06)

4. FEI Number
20-16B7210

Applied for
 Applied for
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED
235 EAST 6TH AVENUE
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name
NRAT SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable)
2731 EXECUTIVE PARK Drive, suite 4

City
WESTON

State
FL

Zip Code
33331

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 Includer with, and accept the obligations of registered agent.

SIGNATURE *Carol Shelton* **Carol Shelton, Asst. Secretary** DATE **3-15-06**

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGR	NATIONAL COMMERCIAL VENTURES, LLC	12100 WILSHIRE BLVD., SUITE 250 LOS ANGELES, CA 90025	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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]* DATE: _____

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