

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000071942 1. Entity Name 1280 S. PINE ISLAND, LLC	
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Principal Place of Business 1280 S. PINE ISLAND ROAD PLANTATION, FL 33324	Mailing Address 1280 S. PINE ISLAND ROAD PLANTATION, FL 33324
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03082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2537696	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KAVANAGH, PATRICK J 1280 S. PINE ISLAND RD PLANTATION, FL 33324
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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 _____
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAVANAGH, PATRICK J 590 WESTCHESTER STREET LONG BEACH, NY 11561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRISSEY, MARTIN P 2022 NE 31ST STREET FT. LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLACKMORE, DECLAN W 176 BRIDIES PATH SOUTH HAMPTON, NY 11968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOCHWALD, STEVEN N 6202 NW 19TH PLACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/23/07-80072-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

3/9/07

Date

Daytime Phone #