

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000073700**

1. Entity Name  
PINE LANE HUNTING CLUB LLC



Principal Place of Business  
1362 "E" RD  
LOXAHATCHEE, FL 33470

Mailing Address  
1362 "E" RD  
LOXAHATCHEE, FL 33470



04092006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2029842

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KELSON, ERNEST W  
1362 "E" RD  
LOXAHATCHEE, FL 33470

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	KELSON, ERNEST W
STREET ADDRESS	1362 "E" ROAD
CITY - ST - ZIP	LOXAHATCHEE, FL 33470
TITLE	MGRM
NAME	ARMONDA, JOHN
STREET ADDRESS	3640 NW 58TH ST
CITY - ST - ZIP	COCONUT CREEK, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000538638  
05/09/06-800866-011 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

Date

Daytime Phone #

4-24'0C 5677935876