


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L04000074260</b><br>1. Entity Name<br>PINETREE LOFTS, LLC |  |
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|---|---|
| Principal Place of Business<br>2751 NW 19TH ST<br>POMPANO BEACH, FL 33069 | Mailing Address<br>PO BOX 50028<br>LIGHTHOUSE POINT, FL 33064 |
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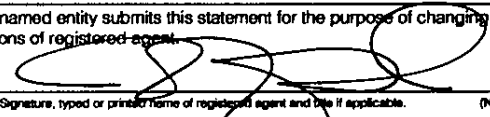
04142008No Chg-LLC

CR2E083 (12/07)

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>20-1932679                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

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| 6. Name and Address of Current Registered Agent<br><br>COLSON, JENNIFER<br>2751 N.W. 19TH ST.<br>POMPANO BEACH, FL 33069 |
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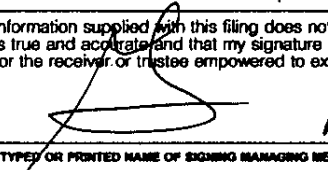
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |                 |
| SIGNATURE  (NOTE: Registered Agent signature required when reinstating)   | 4/14/08<br>DATE |

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|---|--|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> | U000000901747<br>04/23/08-80081-011 138.75 |
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| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>COLSON, EDWARD<br>PO BOX 50028<br>LIGHTHOUSE POINT, FL 33064   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SPIEGEL, MICHAEL<br>PO BOX 50028<br>LIGHTHOUSE POINT, FL 33064 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:  Mgrm 4-14-08<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #   |