


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90021 037 ****55.00

DOCUMENT # L04000080094	
1. Entity Name SYCAMORE PINE, L.L.C.	

Principal Place of Business 1604 MACGUFFIE COURT VIRGINIA BEACH, VA 23464	Mailing Address 1604 MACGUFFIE COURT VIRGINIA BEACH, VA 23464
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20032564



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03302006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1843327	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GOLDBERG, STUART E 2039 CENTRE POINTE BLVD., SUITE 201 TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JORDAN, ALICE D 1604 MACGUFFIE COURT VIRGINIA BEACH, VA 23464 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

757

SIGNATURE: Alice D. Jordan Alice D. Jordan April 10, 2006 4794721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

GOLDBERG & OLIVE
ATTORNEYS AT LAW

2039 CENTRE POINTE BOULEVARD
SUITE 201 (32308)
POST OFFICE BOX 12458
TALLAHASSEE, FLORIDA 32317

STUART E. GOLDBERG*

CAROLYN D. OLIVE†

PHONE: (850) 222-4000
FAX: (850) 942-6400

*Florida Bar Certified Wills, Trusts & Estates

†Florida Bar Certified Tax Law

April 18, 2006

Florida Department of State
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

20032564
L 04000080094

RE: Sycamore Pine, L.L.C.

Dear Sir/Madam:

Enclosed for filing is the 2006 Limited Liability Company Annual Report for Sycamore Pine, L.L.C. Also enclosed is a check in the amount of \$55.00 in payment of the filing fee (\$50.00) and the fee for a certificate of status (\$5.00).

If you have any questions, please contact me.

Sincerely,



Stuart E. Goldberg

SEG/tms

Enclosures

cc: Alice D. Jordan (w/encl.)
Corporate book