


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90017 031 ****50.00

DOCUMENT # L04000083317	
1. Entity Name PINELANDS ARTWEAR, LLC	

Principal Place of Business 7011 S.W. 6TH PLACE, APT. F GAINESVILLE FL 32607	Mailing Address 7011 S.W. 6TH PLACE, APT. F GAINESVILLE FL 32607
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2. Principal Place of Business 7011 SW 6th Pl, Apt F	3. Mailing Address P.O. Box 141 976
Suite, Apt. #, etc. 6	Suite, Apt. #, etc.

City & State Gainesville, FL	City & State Gainesville, FL
Zip 32607	Zip 32614-1976
Country Alachua	Country Alachua



1st MOORE CR2E083 (10/05)

4. FEI Number 20-1928455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DOCKENDORF, LOUISE M 7011 S.W. 6TH PLACE, APT. F GAINESVILLE FL 32607	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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) DATE _____

<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOCKENDORF, LOUISE M.		NAME	
STREET ADDRESS 7011 SW 6TH PL, # F		STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 32607		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Louise M. Dockendorf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone#