


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90208 047 ****55.00

DOCUMENT # L04000084582 1. Entity Name PINE ISLAND PROPERTY VENTURE, LLC			
Principal Place of Business 953 SW 93RD TERRACE PLANTATION FL 33332-4		Mailing Address 215 SW 125TH AVENUE PLANTATION FL 33325	
2. Principal Place of Business - No P.O. Box # 215 S.W. 125th Ave		3. Mailing Address Suite, Apt. #, etc.	
City & State Plantation, FL.		City & State	
Zip 33325-2710		Country USA	
4. FEI Number 20-2189290		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent GLICKMAN, GARRY M ESQUIRE 1601 FORUM PLACE, SUITE 1101 WEST PALM BEACH FL 33401	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		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 _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM KAHOK, SAMAR 953 SW 93RD TERRACE PLANTATION FL 33332-4	TITLE NAME STREET ADDRESS CITY ST ZIP	215 S.W. 125th Ave. Plantation, FL. 33325-2710

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: *Samah Kahok* **02/13/07** **954-472-3455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone *