

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093624

Entity Name: PINE ISLAND PROPERTIES, LLC

FILED
Feb 25, 2007
Secretary of State

Current Principal Place of Business:

835 S. TOWN AND RIVER DR.
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

835 S. TOWN AND RIVER DR.
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 33-1107349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOTES, JOEL S
835 S. TOWN AND RIVER DR.
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NOTES, JOEL S
Address: 835 S. TOWN AND RIVER DR.
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM () Delete
Name: NOTES, WANDA C
Address: 835 S. TOWN AND RIVER DR.
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM (X) Delete
Name: NOTES, ABBEY
Address: 15901 HAMPTON GLEN COURT
City-St-Zip: MIDLOTHIAN, VA 23832 US

Title: MGRM (X) Delete
Name: NOTES, RENEE
Address: 20700 ASHBURN VALLEY COURT
City-St-Zip: ASHBURN, VA 220147 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NOTES, JOEL S
Address: 835 S. TOWN AND RIVER DR.
City-St-Zip: FORT MYERS, FL 33919 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOEL S. NOTES

MGRM

02/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date