

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094197

Entity Name: PINES ENTERPRISES, LLC

FILED
Aug 23, 2007
Secretary of State

Current Principal Place of Business:

2860 PRESTWICK DRIVE
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

2860 PRESTWICK DRIVE
LAKELAND, FL 33803

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DEAN MEAD SERVICES, LLC
800 NORTH MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803 US

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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: PINES, JACK
Address: 2860 PRESTWICK DRIVE
City-St-Zip: LAKELAND, FL 33803 US

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

Title: MGRM () Delete
Name: PINES, ANTHONY
Address: 408 N. PALM DRIVE, #102
City-St-Zip: BEVERLY HILLS, CA 90210 US

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

Title: MGRM () Delete
Name: BROZANSKI, MARGIE
Address: 2024 STILLWOOD PLACE
City-St-Zip: WINDERMERE, FL 34786 US

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

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY PINES

MGRM

08/23/2007

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