2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 22, 2006 8:00 am
Secretary of State
04-24-2006 90045 025 ****50.00

DOCUMENT # L05000014592

1. Entity Name

PINEAPPLE POINT DEVELOPMENT COMPANY, LLC

Principal Place of Business	Mailing Address
315 NE 18TH TERRACE FORT LAUDERDALE FL 33301 US	315 NE 16TH TERRACE FORT LAUDERDALE FL 33301 US

2. Principal Place of Business	3. Mailing Address
1217 S.E. 1ST AVE	1217 S.E. 1ST AVE
Suite, Apt. #, etc.: SUITE 2	Suite, Apt. #, etc.: SUITE 2
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33316 Country: USA	Zip: 33316 Country: USA

4. FEI Number: 61148345 9 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHAPMAN, F. JUDD 315 NE 16TH TERRACE FORT LAUDERDALE FL 33301	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 _____ DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Vice President/Secretary CHAPMAN, F. JUDD 315 NE 16TH TERRACE FORT LAUDERDALE FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KIRCHNER, JOHN 315 NE 16TH TERRACE FORT LAUDERDALE FL 33301	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM OLIATTRONE, PHILIP 315 NE 16TH TERRACE FORT LAUDERDALE FL 33301	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President PATERSON, TERENCE 1217 S.E. 1st Avenue FORT LAUDERDALE FL 33316 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: TERENCE PATERSON 04-20-2006 (954) 522 1049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #