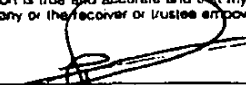


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (ART)

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 315 NE 18TH TERRACE FORT LAUDERDALE FL 33301 US		Mailing Address 315 NE 18TH TERRACE FORT LAUDERDALE FL 33301 US	
2. Principal Place of Business 1217 S.E. 1ST AVE		3. Mailing Address 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 33314	Country USA	Zip 33314	Country USA
4. FEI Number 611483459		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAPMAN, F. JUDD 315 NE 16TH TERRACE FORT LAUDERDALE FL 33301		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 removing) 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 18TH TERRACE FORT LAUDERDALE FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRCHNER, JOHN 315 NE 18TH TERRACE FORT LAUDERDALE FL 33301 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHIATTRONE, PHILIP 315 NE 18TH 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 606, Florida Statutes.			
SIGNATURE: 		TERENCE PATERSON 04-20-2006 (954) 502 1049	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	