


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000017352</b> 1. Entity Name LONE PINE ROAD, L.L.C.	
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Principal Place of Business 1923 SOUTHAMPTON ROAD C/O WILLIAM M. EASTON JACKSONVILLE, FL 32207	Mailing Address 1923 SOUTHAMPTON ROAD C/O WILLIAM M. EASTON JACKSONVILLE, FL 32207
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01252007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2416835	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  JETER, BOWLUS, DUSS, MORGAN, KENNEY, SAFER C/O THERESA MARIE KENNEY, ESQ. 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EASTON, WILLIAM M 1923 SOUTHAMPTON ROAD JACKSONVILLE, FL 32207
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02/02/07-80067-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: William M. Easton 1-29-07 904-398-1044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #