

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017555

Entity Name: PINE AVENUE LLC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

414 OLD HARD ROAD
SUITE 201
ORANGE PARK, FL 320033408 US

New Principal Place of Business:

Current Mailing Address:

414 OLD HARD ROAD
SUITE 201
ORANGE PARK, FL 320033408 US

New Mailing Address:

FEI Number: 20-2365381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, JAMES R
414 OLD HARD ROAD
SUITE 201
ORANGE PARK, FL 320033408 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: MGRM () Delete
Name: WOOD, JAMES R
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: ORANGE PARK, FL 320033408 US

Title: VP/S () Delete
Name: WOOD, SUSAN D VP
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: ORANGE PARK, FL 320033408 US

Title: T () Delete
Name: EDWARDS, JR., MABRY CFO
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: ORANGE PARK, FL 320033408 US

ADDITIONS/CHANGES:

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 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: JAMES R WOOD

MGRM

04/23/2008

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