


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90101 007 \*\*\*138.75

<b>DOCUMENT # L05000019118</b> 1. Entity Name <b>PABLO PINES DEVELOPMENT, LLC</b>					
Principal Place of Business <b>4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224</b>			Mailing Address <b>4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FEI Number <b>20-2494689</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04082008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>STOKES BRAREN &amp; HOLZ LAND COMPANY, LLC 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224</b>				7. Name and Address of New Registered Agent Name <b>SLG Management Services LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>4315 Pablo Oaks Court</b> City <b>Jacksonville</b> FL Zip Code <b>32224</b>	
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 <i>Mallory G. Holm</i> <b>Mallory G. Holm LP. 4/9/8</b> DATE					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CHMN STOKES, E. CHESTER JR 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES HOLZ, F. LOGAN 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP CONNERTY, HUGH H JR 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP KUNKEL, JOHN C 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPTR FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPSE HOLM, MALLORY G 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS Joy L Lawarre 4315 Pablo Oaks Court Jacksonville FL 32224</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <i>Joy L Lawarre</i> <b>Joy L Lawarre</b> 4/9/8 9044821100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>					

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