2007 LIMITED LIABILITY COMPANY

Jul 12, 2007 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # L05000022074 1. Entity Name **PINSTATION LLC** Principal Place of Business Mailing Address **607 PARSONS TERRACE 607 PARSONS TERRACE** DUNEDIN, FL 34698 DUNEDIN, FL 34698 07062007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3745664 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUKOLT, HEATH DO NOT WRITE **607 PARSONS TERRACE** DUNEDIN, FL 34698 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 agentor printed name of registered agent and title of agglicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 14, 2007 U00000768364 07/12/07-80005-012 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE BUKOLT, HEATH NAME STREET ADDRESS **607 PARSONS TERRACE** CITY-57-719 DUNEDIN, FL 34698 IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS City-ST-ZIP TATLE NAME

11. I hereby certify that the information supplied with this filling 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 eath; 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED