



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000028835 1. Entity Name PINE GROVE PLANTATION, LLC				<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em;">2007 MAY 24 P 1:57</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210		Mailing Address 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210			
2. Principal Place of Business - No P.O. Box # 5851 TIMUQUANA RD Suite, Apt. #, etc.: 301		3. Mailing Address 5851 TIMUQUANA RD Suite, Apt. #, etc.: 301			
City & State JACKSONVILLE FL Zip 32210 Country DUAL		City & State JACKSONVILLE FL Zip 32210 Country DUAL			
4. FEI Number 65-1246048		Applied For <input type="checkbox"/> Not Applicable		04202007 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent ATLEE, KENYON S 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5851 TIMUQUANA ROAD STE 301 City JACKSONVILLE FL Zip Code 32210		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENDALE G.P., INC. 4501 BEVERLY AVE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5851 TIMUQUANA RD-STE 301 JACKSONVILLE FL 32210			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400103589644 05/31/07--01002--015 **1511.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <u><i>Ken S. Atlee</i></u> KENYON S. ATLEE <u>4-25-07</u> <u>904-384-6964</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					