

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 8:00 am
Secretary of State

02-15-2006 90132 013 ****55.00

DOCUMENT # L05000043195					
1. Entity Name PINE ISLAND PLACE, LLC					
Principal Place of Business 1406 SE 16TH PLACE CAPE CORAL, FL 33990 US			Mailing Address 1406 SE 16TH PLACE CAPE CORAL, FL 33990 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent SCHUTT, ROGER L 4235 SE 20TH PLACE C505 CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity/submitter is 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 required for all changes to registered agent or office. If required, the signature must be notarized.					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SCHUTT, ROGER L		NAME		
STREET ADDRESS	4235 SE 20TH PLACE C505		STREET ADDRESS		
CITY, ST, ZIP	CAPE CORAL, FL 33904		CITY, ST, ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RIE, INC.		NAME		
STREET ADDRESS	1406 SE 16TH PLACE		STREET ADDRESS		
CITY, ST, ZIP	CAPE CORAL, FL 33980		CITY, ST, ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	TOMES, DEBORAH		NAME		
STREET ADDRESS	1406 SE 16TH PLACE		STREET ADDRESS		
CITY, ST, ZIP	CAPE CORAL, FL 33990		CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
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 has 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Manages 1/13/06		

30003100



01122006 Chg-LLC CR2E083 (11/05)

4. FDI Number
20-2973519

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required



ATTACHMENT

30003168

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

PINE ISLAND PLACE, LLC
1406 SE 16TH PLACE
CAPE CORAL, FL 33990 US

Subject: PINE ISLAND PLACE, LLC

Reference Number: L05000043195

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION