


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

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



02162007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2973517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHUTT, ROGER L 4235 SE 20TH PLACE C505 CAPE CORAL, FL 33904
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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 agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHUTT, ROGER L 4235 SE 20TH PLACE C505 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIE, INC. 1406 SE 16TH PLACE CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMES, DEBORAH 1406 SE 16TH PLACE CAPE CORAL, FL 33990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/02/07-80006-004 50.00

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IN THIS SPACE**

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: *Deborah S. Tomes 2-16-07* *Deborah S. Tomes 2-17-07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #