



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000043679 1. Entity Name PINE RIDGE, LLC |  |
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|---|---|
| Principal Place of Business 1505 N. FLORIDA AVENUE TAMPA, FL 33601 US | Mailing Address P.O. BOX 800 TAMPA, FL 33601 US |
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-LLC CR2E083 (11/05)

| | |
|---|-------------------------------|
| 4. FEI Number 20-3011344 | 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 KASS, MICHAEL 1505 N. FLORIDA AVENUE TAMPA, FL 33601 | DO NOT WRITE 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

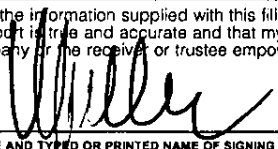
**Filing Fee is \$50.00
Due by May 1, 2007**

000000729816
05/08/07-80055-019 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KASS, MICHAEL 1505 N. FLORIDA AVENUE TAMPA, FL 33601 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ZIELIN, RON 3512 OBISPO ST TAMPA, FL 33629 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
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:  **1/12/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #