2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 16, 2007 8:00 am Secretary of State

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DOCUMENT # L05000044775 1. Entity Name SOUTH PINEAPPLE PARTNERS, LLC							0175 014 ****50.0	00	
Principal Place of Business Mailing Address							01.25		
•		~ -			-3111&c +-		D1.00	*******	
1765 LINCOLN PARK CIRCLE Sarasota, FL 34236		1765 HNCOLN PARK CIRCLE				- 4 07	_		
SAKASUTA, F	L 34230	SARASOTA, AL 34236							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 43705. Tamiami Trail							
Suite, Apt. #, etc.		Suite Apt. #, etc. Suite loz			04182007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State 5 2 25			4. FEI Number 20-2855803		Applied For Not Applicable		
Zip	Country	Zip Count		try	5. Certificate of Status Desired		S5.00 Additional Fee Required		
	6. Name and Address of Current I	7. Name and Address of New Registered Agent							
	* *			Name					
1765 LINC	UM, HARRY K OLN PARK CIRCLE A, FL 34236	Street Address (P.O. Box Number	is Not Acceptable)			
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. T	₹			City	FL Zip Code			9	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or register	red agent, or both	, in the State of Flo	rida. I am familiar with,	and accept	
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						, Florida	e check payable to Department of State		
9.	MANAGING MEMBE	DC/MANIAGEDS	10.			ADDITIONS/		TELLY.	
	MGRM		_1	-		ADDITIONS		☐ Addition	
TITLE		☐ Deiete	ŦΠL	1			☐ Change	☐ Addition	
NAME	ROSENBLUM, HARRY K		NAM					{	
STREET ADDRESS	1765 LINCOLN PARK CIRCLE			EET ADDRESS					
CITY-ST-ZIP	SARASOTA, FL 34236		_}_	'-ST-ZIP					
TITLE	MGRM	☐ Delete	TITL				Change	☐ Addition	
NAME	GRAHAM, GEORGE A		NAIV						
STREET ADDRESS	1105 PARK AVENUE #8D			EET ADDRESS				Ī	
_CITY-ST-ZIP	NEW YORK, NY 10128		CHY	/-ST-ZIP			· 		
TITLE		☐ Delete	TITL				Change	☐ Addition	
NAME	•		NAN					ļ	
STREET ADDRESS				ÉET ADORESS				ĺ	
CITY-ST-ZIP				r-ST-ZIP					
TITLE		☐ Delete	TITL				Change	Addition	
NAME			NAM						
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CITY-ST-ZIP			CIIN	Y-ST-ZIP	.				
TITLE		☐ Delete	TITL	1			☐ Change	☐ Addition	
NAME			NAA				•		
STREET ADDRESS				EET AODRESS					
CITY-ST-ZIP				r-ST-ZIP					
TITLE		☐ Delete	TITL				Change	Addition	
NAME			NAA						
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				r-ST-ZIP					
11. I hereby o	certify that the information supplied with	this filing does not qualify for	the exe	emptions contained	in Chapter 119, I	Florida Statutes, I fo	urther certify that the info	ormation or of the	
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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.									
20 (1) Of 4.20 AM									
SIGNATURE Parestorullu 4.20.07									