## FILED May 21, 2007 8:00 am Secretary of State 04-30-2007 90176 001 \*\*\*150.00

989 SEBASTIAN BLVD SUITE 1 SEBASTIAN, FL 32958  2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.  City & State  Zip	Mailing Address	<u></u>		64	X 1	) Je	OARG		
SEBASTIAN, FL 32958  2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip	989 SEBASTIAN BLVD 989 SEBASTIAN BLVD				$n \sim 0$	<b>304</b> 0	19400		
Suite, Apt. #, etc.  City & State  Zip Country  6. Name and Address of Current Re  SANDERS, J SCOTT  989 SEBASTIAN BLVD  SUITE 1  SEBASTIAN, FL 32958  8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Signanus, good or protect name of registered agent and  Filling Fee is: \$50.00  Due by May 1, 2007  9. MANAGING MEMBER  NAME SANDERS, J SCOTT  SIREEL ADDRESS  989 SEBASTIAN BLVD				90 - 026 30008466					
City & State  Zip Country  6. Name and Address of Current Re  SANDERS, J SCOTT  989 SEBASTIAN BLVD  SUITE 1  SEBASTIAN, FL 32958  8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  - Filling Fee Is \$50.00  Due by May 1, 2007  9. MANAGING MEMBER  INTLE MGR  SANDERS, J SCOTT  SIREEL ADDRESS  989 SEBASTIAN BLVD	3. Mailing Address								
SANDERS, J SCOTT 989 SEBASTIAN BLVD SUITE 1 SEBASTIAN, FL 32958  8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE Signeurs, speed or perced name of repassed agent and pure by May 1, 2007  9. MANAGING MEMBER INTE MGR SANDERS, J SCOTT SIREE ADDRESS 989 SEBASTIAN BLVD				01082007	Chg-LLC	CR2E083 (12/06			
8. Name and Address of Current Re SANDERS, J SCOTT 989 SEBASTIAN BLVD SUITE 1 SEBASTIAN, FL 32958  8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE Signance, speed or priced name of repassed agent and Price by May 1, 2007  9. MANAGING MEMBER INLE MGR SANDERS, J SCOTT SIREEL ADDRESS 989 SEBASTIAN BLVD	City & State City & State			4. FEI Numb		<b>⊢</b>	Applied For Not Applicable		
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989 SEBASTIAN BLVD SUITE 1 SEBASTIAN, FL 32958  8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE Signalus, pond or period name of registered agent and pure by May 1, 2007  9. MANAGING MEMBER NAME SANDERS, J SCOTT SIREEI ADDRESS 989 SEBASTIAN BLVD	egistered Agent		Name	7. Name and	Address of New F	legistered Agent			
8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE Signature, speed or priced name of registered agent and Filling Face Is: \$50.00 Due by May 1, 2007  9. MANAGING MEMBER INTE MGR NAME SANDERS, J SCOTT SIREEI ADDRESS 989 SEBASTIAN BLVD	989 SEBASTIAN BLVD			Street Address (P.O. Box Number is Not Acceptable)					
the obligations of registered agent.  SIGNATURE Spread or protect name of registered agent and Filling Fee is: \$50.00 Due by May 1, 2007  9. MANAGING MEMBER  INTLE MGR NAME SANDERS, J SCOTT STREET ADDRESS 989 SEBASTIAN BLVD									
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Filing Fee is \$50.00 Due by May 1, 2007  9. MANAGING MEMBER INLE MGR NAME SANDERS, J SCOTT SIREE ADDRESS 989 SEBASTIAN BLVD	the purpose of changing its	s register	ed office or registe	red agent, or bo	th, in the State of Fi	orida. I am familiar wi	th, and accept		
Piling Fee 13: \$50.00 Due by May 1, 2007  9. MANAGING MEMBER INLE MGR NAME SANDERS, J SCOTT SIREEI ADDRESS 989 SEBASTIAN BLVD	d title if applicable (NO)	TE: Registere	d Agent <b>I-Q^Slure</b> require	d when reinstating)		DATE			
ITILE MGR NAME SANDERS, J SCOTT STREET ADDRESS 989 SEBASTIAN BLVD			_			te check payable to a Department of St			
NAME SANDERS, J SCOTT STREET ADDRESS 989 SEBASTIAN BLVD	S/MANAGERS	10.			ADDITIONS				
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mile SEBASTIAN, FL 32930	Delete	tin	<del></del>	<del></del>		Chang	e Addition		
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11. I hereby certify that the information supplied with indicated on this report is true and accurate and timited liability company or the receiver or trustee SIGNATURE:		or the ex-		made under dat pter 608, Florida		grag member or mana	nformation ager of the		

## **ATTACHMENT**

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

		WHITT	LAFFORI			_			
DOCUMEN # L05000047338  1. Entity Name PINE RIDGE PLANTATION 1, LLC						: <sup>1</sup>	, ,	<b>,</b>	
Principal Plac	e of Business	3	Mailing Address			7			
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SUITE 1	• • • • • • • • • • • • • • • • • • •				1 2	MM 59	VICE.		
SEBASTIAN, FL 32958 SEBASTIAN, FL 32958					0008°				
2. Principal P	Place of Busin	ess - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc Suite, Apt. #, etc.				01082007	Chg-LLC	CR2E083 (12/0	5)		
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Zip		Country	Zip	Zip Country		5. Certificate	ol Status Desired	☐ \$5.00 / Fee Requ	Additional ired
	6. Name	and Address of Curre	nt Registered Agent			7. Name and	Address of New R	egistered Agent	
		_			Name				
	SANDERS, J SCOTT 989 SEBASTIAN BLVD			Street Address (P.O. Box Number is Not Acceptable)					
SEBASTIA	AN FL 329	958							
020/1011	, , , ,				City			FL Zip C	ode
	named entity		t for the purpose of changing	ts register	ed office or registe	ered agent, or both	n, in the State of Flo	rida. I am familiar wi	th, and accept
CIONATION									
SIGNATURE	Signature, typed	or printed name of registered ag	ent and stie d'applicable. (NO	OTE: Registere	d Agent signature require	nd when remstating)		DATE	
F D	iling Fee l	ia \$50.00 y 1, 2007					-	e check payable to Department of Si	
9.		MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/	CHANGES	<del></del>
TITLE	MGR		☐ Delete	1011	£			☐ Chang	e 🔲 Addition
NAME	SANDER	S, J SCOTT		NAM	E				
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44 I borobu	codify that th	e information supplied	with this filing does not qualify	for the exe	motions contained	in Chapter 119	Torida Statutes, 1 fi	rther certify that the i	nlormation
indicates	d on thin rand	el ie true and accurate a	and that my signature shall have stee empawered to execute th	/e the sam	e legal effect as it.	made under cath:	inat i am a manac	ing member or mana	iger of the
				>					
SIGNA							Shielin	77238	22250