

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054067

FILED
Apr 24, 2007
Secretary of State

Entity Name: PINERIDGE BUSINESS CENTER, LLC

Current Principal Place of Business:

2908 BAY TO BAY BLVD., SUITE 200
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2908 BAY TO BAY BLVD., SUITE 200
TAMPA, FL 33629

New Mailing Address:

FEI Number: 20-2955007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNAMARA, THOMAS P
2909 BAY TO BAY BLVD., SUITE 309
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

ARCIS INVESTMENTS, INC.
2908 BAY TO BAY BLVD., SUITE 200
TAMPA, FL 33629 US

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.

SIGNATURE: KRISTEN K SHOWALTER

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BURDGE, BRUCE
Address: 2908 BAY TO BAY BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: SHOWALTER, KRISTEN K
Address: 2908 BAY TO BAY BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BURDGE, BRUCE D
Address: 2908 BAY TO BAY BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33629

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KRISTEN K SHOWALTER

MGRM

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date