

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065841

FILED
Feb 06, 2009
Secretary of State

Entity Name: PINE RIDGE ASSOCIATES, LLC

Current Principal Place of Business:

221 TUPELO ROAD
NAPLES, FL 34108 US

New Principal Place of Business:

8955 FONTANA DEL SOL WAY
NAPLES, FL 34108 US

Current Mailing Address:

221 TUPELO ROAD
NAPLES, FL 34108 US

New Mailing Address:

8955 FONTANA DEL SOL WAY
NAPLES, FL 34108 US

FEI Number: 20-3136706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVATORI & WOOD, P.L.
4001 TAMiami TRAIL NORTH
SUITE 330
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

SWOPE, LAMBERSON & GUILKEY
8955 FONTANA DEL SOL WAY
NAPLES, FL 34108 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: JANE LAMBERSON

02/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELLIOT, JACK
Address: 221 TUPELO ROAD
City-St-Zip: NAPLES, FL 34108 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HEROK, IAN A
Address: 3 WOODHALL BANK
City-St-Zip: EDINBURGH, UK EH130HL UK

Title: MGRM () Change (X) Addition
Name: HEROK, ROSALIND M
Address: 3 WOODHALL BANK
City-St-Zip: EDINBURGH, UK EH130HL UK

I hereby certify that the information supplied with this filing does not qualify 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: IAN HEROK

MGRM

02/06/2009

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