## 2007 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

SIGNATURE:

## May 02, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # L05000066209 PINE LAKE INDY LLC Principal Place of Business Mailing Address 1897 PALM BEACH LAKES BLVD., SUITE 211 1897 PALM BEACH LAKES BLVD., SUITE 211 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 04262007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0948527 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE TOLBERT, RICHARD S ESQUIRE 1615 FORUM PLACE, SUITE 500 WEST PALM BEACH, FL 33401 IN THIS SPACE 8. The above named entity submits this statement the obligations of registered agent. SIGNATURE Due by May 1, 2007 -80071-002 50.00-MANAGING MEMBERS/MANAGERS 9. DIRE TITLE ROBERT, C MALT NAME 5510 N./OCEAN DR. # 18B STREET ADDRESS WEST ALM BEACH, FL 33404 CITY-ST-ZIP TITLE NAME, STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME . STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED**