

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/2: **FILED**
Mar 23, 2006 8:00 am
Secretary of State

02-21-2006 90176 023 ***150.00

| | | | | | |
|--|---|---------|--|---|--|
| DOCUMENT # L05000076168 1. Entity Name PINE ISLAND PROFESSIONAL OFFICES, LLC | | | | | |
| Principal Place of Business 4340 SHERIDAN STREET HOLLYWOOD, FL 33021 | | | Mailing Address 4340 SHERIDAN STREET HOLLYWOOD, FL 33021 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 20-3296020 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent KLEIN, RONALD G 4340 SHERIDAN STREET HOLLYWOOD, FL 33021 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | FL Zip Code | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR FSR HOMES, INC. 4340 SHERIDAN STREET HOLLYWOOD, FL 33021 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 11. I hereby certify that the information supplied with this filing 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 member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: | | | 2/16/06 (305) 551-9400 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

30003235





ATTACHMENT

30003235

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

RECEIVED

MAR 03 2006

PINE ISLAND PROFESSIONAL OFFICES, LLC
4340 SHERIDAN STREET
HOLLYWOOD, FL 33021

Subject: PINE ISLAND PROFESSIONAL OFFICES, LLC

Reference Number: L05000076168

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION