

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076412

FILED
Jul 09, 2007
Secretary of State

Entity Name: PINELLAS BEACH PROPERTIES, LLC

Current Principal Place of Business:

603 WATERWOOD COURT
LUTZ, FL 33548 US

New Principal Place of Business:

455 TWIN LAKES DRIVE
OAKLAND, MI 48363 US

Current Mailing Address:

603 WATERWOOD COURT
LUTZ, FL 33548 US

New Mailing Address:

455 TWIN LAKES DRIVE
OAKLAND, MI 48363 US

FEI Number: 20-3509416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COTTONE, SALVATORE
3145 WEST GOLF DRIVE UNIT #101
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NANNI, MARK D
Address: 603 WATERWOOD COURT
City-St-Zip: LUTZ, FL 33548

Title: MGRM (X) Delete
Name: COTTONE, SALVATORE
Address: 3145 WEST GOLF DRIVE UNIT #101
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COTTONE, SALVATORE
Address: 455 TWIN LAKES DRIVE
City-St-Zip: OAKLAND, MI 48363

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

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: SALVATORE COTTONE

MGRM

07/09/2007

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