2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 15, 2006 8:00 am
Secretary of State

04-20-2006 90030 001 ****50.00

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03092006 Chg-LLC CR2E083 (11/05)

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1. Entity Name
PINOAK CAPITAL INVESTMENTS, LLC

Principal Place of Business	Mailing Address
1030 NORTH ORANGE AVENUE, SUITE 200 ORLANDO, FL 32801	1030 NORTH ORANGE AVENUE, SUITE 200 ORLANDO, FL 32801

2. Principal Place of Business		3. Mailing Address	
		PO Box 608066	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Orlando, Florida	
Zip	Country	Zip: 32860-8066	Country: USA

4. FEI Number: 20-3574942 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
F&L CORP. ONE INDPENDENCE DRIVE, SUITE 1300 JACKSONVILLE, FL 32202-5017	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO-MANAGING MEMBER Douglas F. Long 1030 N. Orange Ave. Suite 200 Orlando, Florida 32801 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/18/06 407-284-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #