

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2007 8:00 am
Secretary of State

06-01-2007 90095 006 ****50.00

DOCUMENT # L05000098515

1. Entity Name

K K HINES PINE ISLAND PARADISE, LLC



Principal Place of Business

2307 DOUGLAS RD STE 400
MIAMI FL 33145

Mailing Address

2307 DOUGLAS RD STE 400
MIAMI FL 33145



2. Principal Place of Business - No P.O. Box #

5417 SORORITY COVE
Suite, Apt. #, etc.

3. Mailing Address

5417 SORORITY COVE
Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/07)

City & State

BOKEELAH FL.

City & State

BOKEELAH FL.

4. FEI Number

20-3988122

Applied For

Not Applicable

Zip
33922

Country

USA

Zip
33922

Country

USA

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

6. Name and Address of Current Registered Agent

HINES, JAMES P ESQ
315 SOUTH HYDE PARK AVE.
TAMPA FL 33606

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME HINES, KENT
STREET ADDRESS 2307 DOUGLAS RD STE 400
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

19 MAY 2007 239-283-3633