

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 13, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90028 037 \*\*\*\*55.00

**DOCUMENT # L05000101135**

1. Entity Name  
**PINEVIEW PARTNERS, LLC**



Principal Place of Business  
**828 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139**

Mailing Address  
**828 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139**

**30010204**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012008 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

**20-3622438**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHUMER, KARL J ESQ  
20801 BISCAYNE BOULEVARD, SUITE #301  
AVENTRUA, FL 33180-1422**

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, 2008**

**Make check payable to  
Florida Department of State**

9. **EXISTING AND NEW MANAGING MEMBERS/MANAGERS**

10. **ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM.  
LIEBERMAN, ALAN  
828 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139**

☐ Delete

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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 #