

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102887

FILED
Apr 24, 2009
Secretary of State

Entity Name: ISLAND PINE LLC

Current Principal Place of Business:

3050 N. HORSESHOE DRIVE, SUITE 105
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

3050 N. HORSESHOE DRIVE, SUITE 105
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 20-3646953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVATORI, WOOD, BUCKEL & WELDENMILLER PL
9132 STRADE PLACE, FOURTH FLOOR
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

SALVATORI, WOOD, BUCKEL & WELDENMILLER PL
9132 STRADA PLACE, FOURTH FLOOR
NAPLES, FL 34108 US

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: C. LANE WOOD

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HIGGS, WILLIAM T
Address: 3050 N. HORSESHOE DRIVE, SUITE 105
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES:

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: WILLIAM T. HIGGS

MGR

04/24/2009

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