


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90029 032 \*\*\*\*50.00

<b>DOCUMENT # L05000104258</b>		
1. Entity Name <b>BERRONES PINEHURST PROPERTIES, LLC</b>		

Principal Place of Business <b>711 NW 17 STREET HOMESTEAD, FL 33030</b>	Mailing Address <b>711 NW 17 STREET HOMESTEAD, FL 33030</b>
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**60036300**

2. Principal Place of Business <b>19350 SW 288th St</b>	3. Mailing Address <b>19350 SW 288 St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Homestead FL</b>	City & State <b>Homestead FL</b>
Zip <b>33030</b>	Zip <b>33030</b>
Country <b>USA</b>	Country <b>USA</b>



02062006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>56-2558864</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BERRONES, GUADALUPE 711 NW 17 STREET HOMESTEAD, FL 33030</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>19390 SW 288th St</b> City <b>Homestead</b> <b>FL</b> Zip Code <b>33030</b>
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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 *Guadalupe Berrones* DATE **4/26/06**

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

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BERRONES, GUADALUPE 711 NW 17 STREET HOMESTEAD, FL 33030</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>19350 SW 288th St Homestead, FL 33030</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Guadalupe Berrones* DATE **4/26/06** 305 205 8278

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