

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 13, 2006 8:00 am
Secretary of State

02-20-2006 90140 011 ****50.00

DOCUMENT # L06000000302 1. Entity Name PINES PROPERTIES, LLC					
Principal Place of Business 801 N.E. 167TH, 2ND FLOOR NORTH MIAMI BEACH, FL 33162			Mailing Address 801 N.E. 167TH, 2ND FLOOR NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 11-3766853	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WEISSER, MICHAEL H 801 N.E. 167TH, 2ND FLOOR NORTH MIAMI BEACH, FL 33162			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>[Signature]</i></u> (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	Managing Member Michael H. Weissen 801 NE 167th, 2nd fl North Miami Beach, FL 33162 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>[Signature]</i></u> MANAGING MEMBER <u>2-14-06</u> <u>305-690-9162</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone</small>					



ATTACHMENT
30052261

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

PINES PROPERTIES, LLC
801 N.E. 167TH, 2ND FLOOR
NORTH MIAMI BEACH, FL 33162

Subject: **PINES PROPERTIES, LLC**

Reference Number: **L06000000302**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION