

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90139 050 ****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

60025301



03072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3766853

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISSER, MICHAEL H
801 N.E. 167TH, 2ND FLOOR
NORTH MIAMI BEACH, FL 33162

**DO NOT WRITE
IN THIS SPACE**

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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEISSER, MICHAEL W
STREET ADDRESS	801 NE 167TH DR 2ND PL
CITY- ST- ZIP	NORTH MIAMI BEACH, FL 33162

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

3-14-07

Date

305-690-4110

Daytime Phone #