

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005179

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** 1475 PINE, L.L.C.

**Current Principal Place of Business:**

1475 PINE AVE.  
ORLANDO, FL 32824 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 592620  
ORLANDO, FL 32859 US

**New Mailing Address:**

1475 PINE AVE.  
ORLANDO, FL 32824 US

**FEI Number:** 16-1692794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, DON L  
533 VERSAILLES DR.  
SUITE 100  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CALLIGARO, MAURO L  
Address: 7513 LINDENHURST DR.  
City-St-Zip: ORLANDO, FL 32836 US

Title: MGRM ( ) Delete  
Name: CAPATINA, LEE  
Address: 11847 LEVAN ROAD.  
City-St-Zip: LIVONIA, MI 48150 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LEE CAPATINA

MGRM

01/15/2009

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