

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018411

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: SOUTHERN PINES EAST, LLC

**Current Principal Place of Business:**

821 GULF PAVILION DRIVE #204  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 110129  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 20-4285656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

VILLAGE REALTY, INC.  
821 GULF PAVILION DRIVE #204  
NAPLES, FL 34108 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: VILLAGE REALTY, INC.,  
Address: PO BOX 110129  
City-St-Zip: NAPLES, FL 34108

Title: MGR ( ) Delete  
Name: BREWSTER, LEWIS C  
Address: 121 OLD COURSE DRIVE  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: MGR ( ) Delete  
Name: KENNERDELL, JEFFREY J  
Address: 9201 CHIMEY CORNER LANE  
City-St-Zip: DALLAS, TX 75243

Title: MGR ( ) Delete  
Name: POMERSON, REBECCA S  
Address: 26524 LUCKY STONE ROAD  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES:**

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

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

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: TODD T MICHAELS

MGRM

02/05/2009

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