

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018532

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: RED PINE SKI CONDO, LLC

**Current Principal Place of Business:**

250 S. CENTRAL BLVD., STE. 203  
JUPITER, FL 33458

**New Principal Place of Business:**

250 S. CENTRAL BLVD., STE 203  
JUPITER, FL 33458

**Current Mailing Address:**

250 S. CENTRAL BLVD., STE. 203  
JUPITER, FL 33458

**New Mailing Address:**

250 S. CENTRAL BLVD., STE 203  
JUPITER, FL 33458

FEI Number: 56-2559729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MIEGEL, SCOTT R SR.  
250 S. CENTRAL BLVD., STE. 203  
JUPITER, FL 33458 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: PORTER, RONALD M JR.  
Address: 28 WINDWARD ISLES  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM ( ) Delete  
Name: MIEGEL, SCOTT R SR.  
Address: 250 S. CENTRAL BLVD., STE. 203  
City-St-Zip: JUPITER, FL 33458

**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: SCOTT R. MIEGEL, SR.

MGRM

01/15/2009

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