

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026871

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: PINE RIDGE PARTNERS, LLC

**Current Principal Place of Business:**

5532 AULD LANE  
HOLIDAY, FL 34690

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 454  
OZONA, FL 34660

**New Mailing Address:**

FEI Number: 20-4595045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWEETNAM, WILLIAM  
22 BIRDIE LANE  
PALM HARBOR, FL 34683 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: LUCADANO, DAVE  
Address: 10020 LIVING WORD COURT  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MGRM ( ) Delete  
Name: LUCADANO, PETE  
Address: 9246 VIA SEGOVIA  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM ( ) Delete  
Name: SWEETNAM, WILLIAM  
Address: P.O. BOX 454  
City-St-Zip: OZONA, FL 34660

**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:

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: WILLIAM SWEETNAM

MGRM

04/23/2009

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