

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000032926

**FILED**  
**Feb 23, 2007**  
**Secretary of State**

**Entity Name:** PINE GROVE ENTERPRISES, LLC

**Current Principal Place of Business:**

21689 NW 190 AVE.  
HIGH SPRINGS, FL 32643

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 761  
HIGH SPRINGS, FL 32655

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

TATE, CAROLE  
21689 NW 190 AVE.  
HIGH SPRINGS, FL 32643      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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      TATE, CAROLE A MGR  
Address:                      21689 NW 190 AVE  
City-St-Zip:                      HIGH SPRINGS, FL 32643 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLE A. TATE

MGR

02/23/2007

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