

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033991

FILED
Apr 25, 2007
Secretary of State

Entity Name: PINECROFT, L.L.C.

Current Principal Place of Business:

11199 POLO CLUB ROAD
WELLINGTON, FL 33414

New Principal Place of Business:

13501 SOUTH SHORE BLVD., SUITE 103
WELLINGTON, FL 33414

Current Mailing Address:

11199 POLO CLUB ROAD
WELLINGTON, FL 33414

New Mailing Address:

13501 SOUTH SHORE BLVD., SUITE 103
WELLINGTON, FL 33414

FEI Number: 03-0438368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLE, CRAIG T ESQ.
11199 POLO CLUB ROAD
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

GALLE, CRAIG T ESQ.
13501 SOUTH SHORE BLVD., SUITE 103
WELLINGTON, FL 33414 US

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: CRAIG T. GALLE, ESQ.

04/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BEAL, F
Address: 107 WINDEL DRIVE, SUITE 107
City-St-Zip: RALEIGH, NC 27607

Title: MGR () Delete
Name: FRAZIER, K
Address: 11199 POLO CLUB ROAD
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: FRAZIER, K
Address: 13501 SOUTH SHORE BLVD., SUITE 103
City-St-Zip: WELLINGTON, FL 33414

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: K. FRAZIER

MGR

04/25/2007

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