

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033991

Entity Name: PINECROFT, L.L.C.

FILED
Jul 16, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

13037 S. HIGHWAY 475
OCALA, FL 34480

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 2854
ORLANDO, FL 32802

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

Name and Address of New Registered Agent:

HARBERT, THOMAS R
225 E. ROBINSON STREET
SUITE 600
ORLANDO, FL 32801 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: THOMAS R. HARBERT

07/16/2009

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: 13501 SOUTH SHORE BLVD., SUITE 103
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: 13037 S. HIGHWAY 475
City-St-Zip: OCALA, FL 34480

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: MELISSA J. CUPPS

ATTY

07/16/2009

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