

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

7/16/2007-90041-026 \$50.00-\$50.00

DOCUMENT # L06000034314

1. Entity Name

PINE ISLAND MCNEFF, L.L.C.



07 OCT -5 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
307 6TH AVENUE NORTH  
TIERRA VERDE FL 33715

Mailing Address  
307 6TH AVENUE NORTH  
TIERRA VERDE FL 33715

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/07)

4. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Applied For  
☒ Not Applicable

6. Name and Address of Current Registered Agent

KEATON, KAREN S  
2816 BEACH BLVD.  
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Prepared Agent signature required when registering)

Date

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME WHITAKER, DAVID D  
STREET ADDRESS 307 6TH AVENUE NORTH  
CITY-ST-ZIP TIERRA VERDE FL 33715

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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10. ADDITIONS/CHANGES

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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REINSTATEMENT

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #