


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90066 050 ***138.75

DOCUMENT # L06000053059			
1. Entity Name 210 E PINE, LLC			
Principal Place of Business 225 EAST LEMON STREET SUITE 351 LAKELAND, FL 33801		Mailing Address P.O. BOX 2808 LAKELAND, FL 33806-2808	
2. Principal Place of Business - No P.O. Box # 336 W. HIGHLAND DRIVE Suite, Apt. #, etc. SUITE 4 City & State LAKELAND, FLORIDA Zip Country 33813 POLK		3. Mailing Address 336 W. HIGHLAND DRIVE Suite, Apt. #, etc. SUITE 4 City & State LAKELAND, FLORIDA Zip Country 33813 POLK	
6. Name and Address of Current Registered Agent WENDEL, JOHN F WENDEL & CHRITTON, CHARTERED SUITE 351, 225 E. LEMON STREET LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name WENDEL, JOHN F. Street Address (P.O. Box Number is Not Acceptable) 336 W. HIGHLAND DRIVE SUITE 4 City FL Zip Code LAKELAND FL 33813	
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 <u>John F. Wendel</u> DATE <u>4/22/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM WENDEL, JOHN F PO BOX 2808 LAKELAND, FL 338062808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM WENDEL, JOHN F. 336 W. HIGHLAND DRIVE LAKELAND, FLORIDA 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM BRADFORD, BRENT J PO BOX 2808 LAKELAND, FL 338062808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM BRADFORD, BRENT J. 336 W. HIGHLAND DRIVE LAKELAND, FLORIDA 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>John F. Wendel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: <u>4/22/08</u> <small>Date Daytime Phone #</small>	