

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071549

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: PINEAPPLE PROPERTY MANAGEMENT, LLC.

**Current Principal Place of Business:**

1134 NW 14TH STREET  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1481  
PORT SALERNO, FL 34992

**New Mailing Address:**

FEI Number: 11-3786817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MYERS, CATHY L  
1134 NW 14TH STREET  
STUART, FL 34994 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: MGRM ( ) Delete  
Name: BOYCE, CHERYL R  
Address: 5112 SE POST TERRACE  
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Delete  
Name: DAMMRICH, JAMES M  
Address: 2617 SE SOLANA LANE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM ( ) Delete  
Name: MYERS, CATHY L  
Address: 1134 NW 14TH STREET  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES:**

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

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

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

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: CATHY L. MYERS

MGR

04/23/2007

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