## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AN
Secretary of State

ANNUAL REPORT				Wiay 02, 2000 00.	
DOCUMENT # L06000086923				Sec	cretary of Si
1. Entity Nam 3119 PIN	TO DRIVE, L.L.C.				
Principal Plac	e of Business	Mailing Address			
12201 N.W. Plantation	5TH STREET I, FL 33325	12201 N.W. 5TH STREET Plantation, FL 33325			
DO NOT WOITE IN THE COA			CE		
				04122008 No Chg-LLC CR2	2E083 (12/07)
DO NOT WRITE IN THIS SPA		4. FEI Number 20-5501412		Applied For Not Applicable	
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current Ro	egistered Agent			•
ACORD, LINDA L 12201 NW 5TH ST				DO NOT WRIT	Έ
PLANTATION, FL 33325		IN THIS SPAC		E	
	named entity submits this statement for titions of registered agent.	he purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I a	m familiar with, and accept
SIGNATURE		······································			
Signature, typed or printed name of regratered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<sup>1</sup> FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				<u>U</u> 00000944	<u>64</u> 6
9.	MANAGING MEMBER	S/MANAGERS	-	<del></del>	<del>07 021 138.75</del>
TITLE NAME	MGR ACORD, WILBUR R		1		•
STREET ADDRESS CITY-ST-ZIP	12201 N.W. 5TH STREET PLANTATION, FL 33325				
TITLE	MGR ACORD, LINDA L				
STREET ADDRESS	12201 N.W. 5TH STREET		• •		. ;
CITY-ST-ZIP	PLANTATION, FL 33325		-		
NAME STREET ADDRESS					
CITY-ST-ZIP				DO NOT WRIT	
TITLE NAME				IN THIS SPAC	Ε .
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		<u>·</u>			
STREET ADDRESS CITY-ST-ZIP				•	
TITLE NAME					
STREET ADDRESS			· .		
CITY-ST-ZIP	1		,		

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: Linda L. Acord
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

rd\_\_\_\_

954-472-1099

Osytime Phone #