## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** May 12, 2008 08:00 AN Secretary of State **DOCUMENT # L06000101033** RAINBOW PINE, LLC Principal Place of Business Mailing Address 1800 S. SANFORD AVE. 1800 S. SANFORD AVE. SANFORD, FL 32771 SANFORD, FL 32771 CR2E083 (12/07) 05052008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2393229 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent . التشريب والد الله المرسوم المرسورة والله المدا المساول عاد والد و المد والمدار GREGORY, ROBERT K JR. DO NOT WRITE 1800 S. SANFORD AVE. SANFORD, FL 32771 IN THIS SPACE 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. DICTE: Registered Agent signeture (scuired when reinstating) FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008 U00000950974 06/04/08-80013-010 138.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITI F PORTER, JONE C NAME STREET ADDRESS 1150 MOTORCOACH DR. CITY-ST-7IP POLK CITY, FL 33868 MGRM TITLE GREGORY, JANICE P NAME STREET ADDRESS 1800 S. SANFORD AVE. SANFORD, FL 32771 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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 eath; 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP