

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103773

Entity Name: 8 PINES, LLC

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

3000 LANGLEY AVE. SUITE 402
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

3000 LANGLEY AVE. SUITE 402
PENSACOLA, FL 32504

New Mailing Address:

444 TANGLEWOOD DR.
PENSACOLA, FL 32503

FEI Number: 20-5961283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, EDESEL F JR.
308 SOUTH JEFFERSON STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

COFFEY, CHRISTOPHER G
444 TANGLEWOOD DR.
PENSACOLA, FL 32503 US

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: CHRISTOPHER COFFEY

04/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOWERY, RODGER K
Address: 3000 LANGLEY AVE. SUITE 402
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: COFFEY, CHRISTOPHER G
Address: 3000 LANGLEY AVE. SUITE 402
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: COFFEY, CHRISTOPHER G
Address: 444 TANGLEWOOD DR.
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER COFFEY

MGRM

04/08/2008

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