


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 28, 2007 8:00 am**  
**Secretary of State**

08-28-2007 90065 006 \*\*\*\*50.00

<b>DOCUMENT # L06000123138</b>		
1. Entity Name PINE STREET HOLDINGS, LLC		

Principal Place of Business 6620 DANIELS ROAD NAPLES, FL 34109	Mailing Address 6620 DANIELS ROAD NAPLES, FL 34109
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**60055219**



2. Principal Place of Business - No P.O. Box # 2348 Pine Street	3. Mailing Address 766 17th Avenue South
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07232007 Chg-LLC CR2E083 (12/06)

City & State Naples, Florida	City & State Naples, Florida
Zip 34112	Country U.S.A.
Zip 34102	Country U.S.A.

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required -
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6. Name and Address of Current Registered Agent	
VOLPE, MICHAEL J 711 FIFTH AVENUE SOUTH, SUITE 201 C/O ROBINS, KAPLAN, MILLER NAPLES, FL 34102	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE 7-24-07
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, KEVIN J 6620 DANIELS ROAD NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	766 17th Avenue South Naples, Florida 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: 	DATE 8/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	