

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000028938

Entity Name: OHC PINES, LLC

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3801 PGA BLVD., SUITE 901  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

3801 PGA BLVD., SUITE #901  
PALM BEACH GARDENS, FL 33410 US

**Current Mailing Address:**

3801 PGA BLVD., SUITE 901  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

3801 PGA BLVD., SUITE #901  
PALM BEACH GARDENS, FL 33410 US

FEI Number: 41-2232273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHINDEL, MATTHEW G  
3801 PGA BLVD., SUITE 901  
PALM BEACH GARDENS, FL 33410 US

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

SCHINDEL, MATTHEW G  
3801 PGA BLVD., SUITE #901  
PALM BEACH GARDENS, FL 33410 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:

04/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOFFMANN, CAMILLE O  
Address: 3801 PGA BLVD., SUITE #901  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

I hereby 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: CAMILLE O HOFFMANN

MGRM

04/22/2010

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