

2008-06-05 09:50

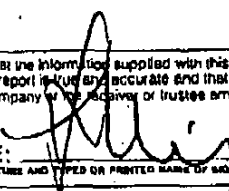
PINE 9547415802&gt;&gt;

**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90081 009 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L07000038864</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        |  |                                                                   |
| 1. Entity Name<br>PINE ISLAND SERVICE, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                                                   |                                                                   |
| Principal Place of Business<br>4401 N PINE ISLAND ROAD<br>SUNRISE, FL 33351                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | Mailing Address<br>4401 N PINE ISLAND ROAD<br>SUNRISE, FL 33351                   |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        | 3. Mailing Address                                                                |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        | Suite, Apt. #, etc.                                                               |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        | City & State                                                                      |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                | Zip                                                                               | Country                                                           |
| 04212008 Chg-LLC CR2E083 (12/06)                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        | 4. FEI Number <b>20-8852887</b>                                                   |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        | Applied For<br>Not Applicable                                                     |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                        |                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        | 7. Name and Address of New Registered Agent                                       |                                                                   |
| MIX, THOMAS<br>4401 N PINE ISLAND ROAD<br>SUNRISE, FL 33351                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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                                                                              |                                                                   |
| Signature, typed or printed name of registered agent, and date if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        | NOTE: Registered Agent signature required when replacing.                         |                                                                   |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        | Make check payable to<br>Florida Department of State                              |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        | 10. ADDITIONS/CHANGES                                                             |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MGRM<br>MIX, THOMAS<br>4401 N PINE ISLAND ROAD<br>SUNRISE, FL 33351 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MGRM<br>DECELLE, BRIAN<br>4401 N PINE ISLAND ROAD<br>SUNRISE, FL 33351 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>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: 4/23/08                                                                     |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        | Date                                                                              |                                                                   |

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