

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118181

FILED
Apr 20, 2009
Secretary of State

Entity Name: PINES APTS, LLC

Current Principal Place of Business:

320 NORTH MAIN STREET, SUITE 200
ANN ARBOR, MI 48104

New Principal Place of Business:

Current Mailing Address:

320 NORTH MAIN STREET, SUITE 200
ANN ARBOR, MI 48104

New Mailing Address:

FEI Number: 38-2965366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALEITA, GARY M
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

SIGNER, GREG
124 E WELBOURNE AVENUE
WINTER PARK, FL 32789 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: GREG SIGNER

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: G () Delete
Name: MCKINLEY ASSOCIATE, INC.
Address: 320 N. MAIN STREET, SUITE 200
City-St-Zip: ANN ARBOR, MI 48104 US

Title: G () Delete
Name: WEISER, RONALD
Address: 320 N. MAIN STREET, SUITE 200
City-St-Zip: ANN ARBOR, MI 48104 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GPR MCKINLEY MANAGER LLC
Address: 320 N. MAIN STREET, SUITE 200
City-St-Zip: ANN ARBOR, MI 48104 US

Title: MGR (X) Change () Addition
Name: MCKINLEY ASSOCIATES INC
Address: 320 N. MAIN STREET, SUITE 200
City-St-Zip: ANN ARBOR, MI 48104 US

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: CHERYL RABBITT

VP

04/20/2009

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