

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000050916

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

**Entity Name:** STONEHILL PINES GOLF, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 30-0549215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHINDEL, MATHEW 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:** MATTHEW G SCHINDEL

04/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** STONEHILL PINES, LLC  
**Address:** 3801 PGA BLVD., SUITE #901  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410 US

**ADDITIONS/CHANGES:**

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

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:** CAMILLE O HOFFMANN

PRES

04/17/2009

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