2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L08000110842

Entity Name: PINECONE PARTNERS, LLC

Current Principal Place of Business:

4351 GULFSHORE BLVD. N.
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4351 GULFSHORE BLVD. N.
NAPLES, FL 34103

New Mailing Address:

FEI Number: 26-3843320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICI, JAMES R ESQ.
1186 IMMOKALEE ROAD, SUITE 110
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: REILING, WILLIAM S
Address: 4351 GULFSHORE BLVD. N.
City-St-Zip: NAPLES, FL 34103

Title: MGR ( ) Delete
Name: REILING, MARK W
Address: 1201 SOUTH CEDAR LAKE ROAD
City-St-Zip: MINNEAPOLIS, MN 55416

ADDITIONS/CHANGES:

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

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: WILLIAM S. REILING MGR 04/13/2009

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