

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000110842

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**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  
**Name:** REILING, WILLIAM S  
**Address:** 4351 GULFSHORE BLVD. N.  
**City-St-Zip:** NAPLES, FL 34103

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

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:** WILLIAM S. REILING

MGR

03/31/2011

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