

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000022831

Entity Name: 1800 PINE ISLAND, LLC

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

400 CARILLON PARKWAY, STE. 230  
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

400 CARILLON PARKWAY, STE. 230  
ST. PETERSBURG, FL 33716

**New Mailing Address:**

FEI Number: 45-1780701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COCKEY, PRESTON O JR  
110 E MADISON STREET STE 204  
TAMPA, FL 33602 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: MGRM  
Name: NOWAK, GREG A  
Address: 400 CARILLON PARKWAY, STE. 230  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM  
Name: MIRASOLA, FRANCO JR  
Address: 400 CARILLON PARKWAY, STE. 230  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM  
Name: COLLINS, R. SCOTT  
Address: 400 CARILLON PARKWAY, STE. 230  
City-St-Zip: ST. PETERSBURG, FL 33716

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: GREG A NOWAK

MGRM

01/25/2012

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