

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L97000000847

1. Entity Name
2800 PINE STREET, L.C.



Principal Place of Business
6435 HIGHCROFT DRIVE
NAPLES, FL 34119

Mailing Address
6435 HIGHCROFT DRIVE
NAPLES, FL 34119



01172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3499132

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLZKAMPER, HENRY
6435 HIGHCROFT DRIVE
NAPLES, FL 34119

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOLZKAMPER, HENRY
6435 HIGHCROFT DRIVE
NAPLES, FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MOORE, JAN E
6435 HIGHCROFT DRIVE
NAPLES, FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FARAGO, JOSEPH V
2034 N. CLARK ST.
CHICAGO, IL 60614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Jan Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-19-07

Date

239-455-5155

Daytime Phone #