## **2007 LIMITED LIABILITY COMPANY** ANNUAL REPORT

SIGNATURE: Joseph M Caruso Jr

## FILED DOCUMENT # L98000001882 07 APR 23 AM 9:57 PINELOCH ACQUISITIONS COMPANY, L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 105 N EOLA DR 105 N EOLA DR **SUITE 4** SUITE 4 ORLANDO, FL 32806 ORLANDO, FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 CR2E083 (12/06) Chg-LLC City & State 4. FE) Number Applied For City & State 59-3534399 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STONE, STEPHEN M Street Address (P.O. Box Number is Not Acceptable) 725 N MAGNOLIA AVE ORLANDO, FL 32803 Zip Code FL 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 agant and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee Is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE ☐ Change ☐ Addition CARUSO, JOSEPH M JR NAME NAME STREET ADDRESS 105 N EOLA DR, SUITE 4 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP TITLE ☐ Delete TITI E Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 700102200397 05/11/07--01008--015 \*\*25 NAME NAME STREET ADDRESS STREET ADDRESS \*\*250**.**00 CITY-ST-ZIP CITY-ST-ZTP TITLE Delete TIN E ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CATY - ST - ZIP 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. Jr M Carus h

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