

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006641

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** IN THE PINES AT PARKLAND, LLC

**Current Principal Place of Business:**

1700 NORTH UNIVERSITY DR  
STE 302  
CAPE CORAL, FL 33071

**New Principal Place of Business:**

4400 W SAMPLE ROAD  
STE 118  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

1700 NORTH UNIVERSITY DR  
STE 302  
CAPE CORAL, FL 33071

**New Mailing Address:**

4400 W SAMPLE ROAD  
STE 118  
COCONUT CREEK, FL 33073

**FEI Number:** 65-0960885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROTHENBERG, LARRY PA  
815 CORAL RIDGE DRIVE  
POMPANO BEACH, FL 33071 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 ( ) Delete  
**Name:** IN THE PINES AT PARK, LAND, INC.  
**Address:** 1700 NORTH UNIVERSITY DRIVE, SUITE 302  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** IN THE PINES AT PARKLAND, INC.

MGRM

04/27/2006

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