


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

07-

FILED
Aug 26, 2008 8:00 am
Secretary of State

07-25-2008 90015 038 ***138.75

DOCUMENT # L99000007200 1. Entity Name PINECREST PROFESSIONAL BUILDING, L.L.C.	
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Principal Place of Business 9655 SOUTH DIXIE HWY, SUITE 200 MIAMI, FL 33156	Mailing Address 9655 SOUTH DIXIE HWY, SUITE 200 MIAMI, FL 33156
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30011030



07082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0960167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LARKIN, JEREMY S 9655 SOUTH DIXIE HWY, SUITE 200 MIAMI, FL 33156

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHMIDT, EDWARD L 9655 SOUTH DIXIE HWY, SUITE 200 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LARKIN, JEREMY S 9655 SOUTH DIXIE HWY, SUITE 200 MIAMI, FL 33156
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information reported 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #