2002 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP 1

Jan 16, 2002 8:00 am [§] Secretary of State DOCUMENT # L9900009176 01-16-2002 90093 019 ****50.00 PINEAPPLE LAND HOLDINGS, LLC Principal Place of Business Mailing Address PO BOX 1238 PO BOX 1238 **BOCA GRANDE FL 33921 BOCA GRANDE FL 33921** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0969188 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 Name SMYLIE, CHARLES A Street Address (P.O. Box Number is Not Acceptable) 4020 W. 40TH ST. **BOCA GRANDE FL 33921** City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMYLIE, CHARLES A NAME NAME STREET ADDRESS PO BOX 1238 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA GRANDE FL 33921** MGR ☐ Delete TITLE ☐ Change Addition NAME SMYLIE, MARGUERETTE S NAME STREET ADDRESS PO BOX 1238 STREET ADDRESS CITY-ST-ZIP **BOCA GRANDE FL 33921** CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

8 SANUARO 2002 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED