

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90113 005 \*\*\*\*50.00

**DOCUMENT # L99000009225**

1. Entity Name  
**PINEVIEW ESTATES, L.L.C.**



Principal Place of Business  
**ATTN: MANAGEMENT OFFICE  
4812 PINE TREE DR.  
MIAMI BEACH, FL 33140**

Mailing Address  
**ATTN: MANAGEMENT OFFICE  
4812 PINE TREE DR.  
MIAMI BEACH, FL 33140**

**20052796**



2. Principal Place of Business

**1600 SW 2 AVE**

3. Mailing Address

**1600 SW 2 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005 Chg-LLC CR2E083 (10/03)

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0995002**

Applied For

Not Applicable

Zip

**33129**

Country

**USA**

Zip

**33129**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**OSORIO, GERMAN  
800 BRICKELL AVE  
SUITE 1109  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **OSORIO GERMAN**

Street Address (P.O. Box Number is Not Acceptable)

**1600 SW 2 AVE**

City **MIAMI**

**FL**

Zip Code  
**33129**

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

**04/05/05**

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MANALI INC  
800 BRICKELL AVENUE SUITE 1109  
MIAMI, FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
OSORIO, GERMAN  
800 BRICKELL AVE SUITE 1109  
MIAMI, FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1600 SW 2 AVE  
MIAMI FL. 33129** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1600 SW 2 AVE  
MIAMI FL. 33129** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 606, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

**04/05/05**