

FILED

2003 APR 21 PM 3:30

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000002071

1. Entity Name
PINE LAKE STATION, LLCPrincipal Place of Business
1 FLORIDA PARK DRIVE SOUTH
SUITE 300
PALM COAST, FL 32137Mailing Address
1 FLORIDA PARK DRIVE SOUTH
SUITE 300
PALM COAST, FL 32137

2. Principal Place of Business

215 Celebration Place
Suite 200
Celebration FL 34747

3. Mailing Address

215 Celebration Place
Suite 200
Celebration FL 34747☒ CHECK HERE IF MAKING CHANGES4. FEI Number ☐ Applied For
☒ Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

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. 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 registering)

DATE

FILE NOW! FEE IS \$50.00
Make Check Payable to Florida Department of State
1/1/03 Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME GINN-PINE ISLAND GP, LLC
STREET ADDRESS 1 FLORIDA PARK DRIVE SOUTH, SUITE 300
CITY-STATE-ZIP PALM COAST, FL 32137TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 215 CELEBRATION PLACE, SUITE 200
CITY-STATE-ZIP CELEBRATION FL 34747TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

4/16/03

Date

Daytime Phone #

CR2003 (10/02)

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04/22/03--01030--004 **1102.50

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



April 17, 2003

VIA OVERNIGHT DELIVERY

Joey Bryan, Examiner
Secretary of State of Florida
409 East Gaines Street
Tallahassee, FL 32399

- RE: 1. Northshore Hammock Ltd., LLLP
 2. Northshore Ocean Hammock Investment Ltd., LLLP
 3. Pine Lake Station, LLC

Dear Joey,

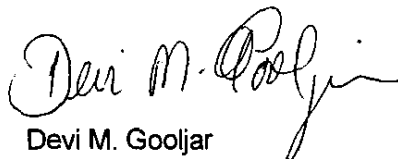
As discussed, enclosed please find 2003 Uniform Business Report for the above three listed entities together with a check in the amount of \$1,102.50 to cover the filing fees for all of the above entities for the filing year 2003.

Please file with the date received and return one file-stamped copy (copies enclosed) as evidence of filing in the enclosed self-addressed stamped envelope back to me.

If you have any questions or need additional information please contact Debra Lee at 321-939-4700 or myself at 321-939-4788.

Sincerely,

GINN DEVELOPMENT COMPANY, LLC
d/b/a THE GINN COMPANY


Devi M. Gooljar