



FILED  
Jun 22, 2007 8:00 am  
Secretary of State

05-02-2007 90341 017 \*\*\*\*50.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # M06000002195</b>			
1. Entity Name <b>PINEAPPLE SQUARE PROPERTIES, LLC</b>			
Principal Place of Business <b>47 S. PALM AVENUE, SUITE 301 SARASOTA, FL 34236</b>		Mailing Address <b>47 S. PALM AVENUE, SUITE 301 SARASOTA, FL 34236</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 6667</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Bryan OH</b>	
Zip	Country	Zip	Country
<b>34236</b>	<b>USA</b>	<b>43506</b>	<b>USA</b>
4. FEI Number <b>75-3177251</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WAGNER, E. JOHN II 200 S. ORANGE AVENUE SARASOTA, FL 34236</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ISAAC GROUP HOLDINGS, LLC 47 S. PALM AVENUE, SUITE 301 SARASOTA, FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied 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: 		Date: <b>4-19-07</b> Daytime Phone: <b>4196361108</b>	