
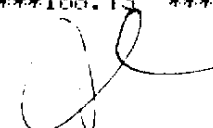
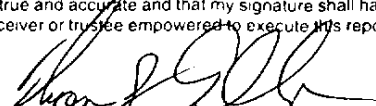


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>PINE RUN LIMITED, L.C.</b> <del>6600 SYLVANIA AVE., SUITE 500</del> <del>SYLVANIA OH 43560</del>		DOCUMENT # M98000000198	
2. Principal Place of Business Suite, Apt. #, etc. City & State Vero Beach FL Zip Country USA		2a. Mailing Address 5335 Coldstream Road Suite, Apt. #, etc. City & State Toledo OH Zip Country USA	
3. Date Organized or Qualified 03/03/1998		3a. State of Formation OH	
4. FEI Number 34-1852672		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent <b>DALY, SUSAN</b> <b>GUNSTER YOAKLEY VALDES-FAULI &amp; STEWA</b> <b>STUART FL 34996</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GALLUP, THOMAS G	<del>6600 SYLVANIA AVE., SUITE</del> 5335 Coldstream Road	<del>SYLVANIA OH</del> Toledo OH 43623-2718 300002868743-4 05/07/99 - 01162--006 ****188.75 ****188.75 
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE:  4/30/99 (419) 872-1272			

FILED

22 MAY -3 PM 5:00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS