

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90040 018 \*\*\*\*50.00



**DOCUMENT # L03000025892**  
 1. Entity Name  
**TOMMY'S POINTE LLC**

Principal Place of Business  
**1100 SOUTH FEDERAL HWY--  
 STUART, FL-34994**

Mailing Address  
**1100 SOUTH FEDERAL HWY.  
 STUART, FL-34994**

2. Principal Place of Business  
**100 Harbor Way**  
 Suite, Apt. #, etc.

3. Mailing Address  
**100 Harbor Way**  
 Suite, Apt. #, etc.

City & State  
**Hobe Sound, FL**

City & State  
**Hobe Sound, FL**

Zip  
**33455**

Country  
**USA**

Zip  
**33455**

Country  
**USA**

04262005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent  
**FOX, M. LANNING  
 FOX, WACKEEN, DUNGEY, ET AL  
 1100 SOUTH FEDERAL HWY.  
 STUART, FL 34994**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GELMAN, JEFFREY B 285 SOUTH BEACH ROAD HOBE SOUND, FL-33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGAM Gelman, Jeffrey B 100 Harbor Way Hobe Sound, FL 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** **4/27/05**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #