2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000025892

TOMMY'S POINTE LLC



FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

100 HARBOR WAY HOBE SOUND, FL 33455 US

100 HARBOR WAY HOBE SOUND, FL 33455

US



04072008 No Chg-LLC

CR2E083 (12/07)

Davtime Phone #

5 Conditions of Status Books	\$5.0	10	Additional
NOT APPLICABLE			Not Applicable
4. FEI Number			Applied For
A PP A Local Co.	 		Applied For

Fee Required

6. Name	and Address	of Current	Registered	Agent

WHWW, INC. 390 N ORANGE AVE **SUITE 1500** ORLANDO, FL. 32801

SIGNATURE:

the obligations of registered agent.

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SIGNATURE					
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstaling)	DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS	多語為原則為關係。			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GELMAN, JEFFREY B 100 HARBOR WAY HOBE SOUND, FL 33455		4600315828713 1444 208480003-023113814754		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	I WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		INTHIS	SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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

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