


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90012 020 ****55.00

DOCUMENT # L03000035481

1. Entity Name
PIER POINT DEVELOPERS, L.L.C.



Principal Place of Business
21120 NE 31 PLACE
AVENTURA, FL 33180

Mailing Address
21120 NE 31 PLACE
AVENTURA, FL 33180

24851931

2. Principal Place of Business
3230 El Mar Drive
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



04192004 Chg-LLC CR2E083 (10/03)

City & State
Lauderdale By The Sea

City & State
 City & State

Zip
33308 USA

Zip Country

4. FEI Number
42-1606373

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBSON, DANIEL A
2500 N. FEDERAL HIGHWAY
SUITE 100
FORT LAUDERDALE, FL 33305

7. Name and Address of New Registered Agent

Name
Joseph P. Mullen

Street Address (P.O. Box Number is Not Acceptable)
2929 E. Commercial Blvd.

Suite PH-C

City
Fort Lauderdale **FL** Zip Code
33308

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 *Joseph P. Mullen* **April 20, 2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMAC, HOWARD 33 CAPTAIN THEALE ROAD BEDFORD, NY 10506	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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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"/> 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)(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 608, Florida Statutes.

SIGNATURE: *Howard J. Camac* **4/20/04 - 914-980-6353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #