

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033834

FILED
Jan 05, 2005
Secretary of State

Entity Name: POINTE AT LOST LAKE, LLC

Current Principal Place of Business:

1111 KANE CONCOURSE, STE. 401F
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

Current Mailing Address:

1111 KANE CONCOURSE, STE. 401F
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

FEI Number: 20-1287003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAKOWITZ, ALAN
1111 KANE CONCOURSE, STE. 401F
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SAKOWITZ, ALAN PRES
Address: 1111 KANE CONCOURSE SUITE 401
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: MGRM () Change (X) Addition
Name: EGOZI, MAURICE VP
Address: 1111 KANE CONCOURSE SUITE 401
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALAN SAKOWITZ

MGRM

01/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date