

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045052

FILED  
Sep 15, 2008  
Secretary of State

Entity Name: BEACHPOINTE HOMES, L.L.C.

**Current Principal Place of Business:**

1096 SCENIC GULF DRIVE  
UNIT 911  
DESTIN, FL 32550 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 65122  
BATON ROUGE, LA 70896 US

**New Mailing Address:**

FEI Number: 71-0968194      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CARTER, JEANNE M  
10065 EMERALD COAST PARKWAY  
SUITE A-101  
DESTIN, FL 32550 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JONES, THEODORE (TED) L  
Address: P.O. BOX 65122  
City-St-Zip: BATON ROUGE, LA 70896 US

Title: MGRM ( ) Delete  
Name: FITZPATRICK, DANIEL J  
Address: 8770 FITZPATRICK LANE  
City-St-Zip: ROCHESTER, MN 55901 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JEANNE CARTER

MGRM

09/15/2008

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