2006 LIMITED LIABILITY COMPANY

FILED Jan 17, 2006 8:00 am Secretary of State

ANNUAL REPORT

DOCUMENT #L05000003143 01-17-2006 90057 028 ****50.00 RIALTO POINTE INVESTMENTS, LLC Mailing Address Principal Place of Business **6220 BROOKSHIRE TERR 6220 BROOKSHIRE TERR** FORT MYERS, FL 33912 FORT MYERS, FL 33912 3. Mailing Address 3831 2. Principal Place of Business TURTLE CREEK BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-LLC CR2E083 (11/05) 4. FEI Number 11-37-4/1-City & State Applied For TEXAS Not Applicable Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARBONA, DR. EUGENE A Street Address (P.O. Box Number is Not Acceptable) 6220 BROOKSHIRE TERR FORT MYERS, FL 33912 City 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 SIGNATURE Signature, typed or printed name of regulatered agent and talle if applicable. (NOTE: Registered Agent aignature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITI F TITLE Change MGRM ☐ Delete ■ Addition NAME NAME JOHNACARBONA STREET ADDRESS 3831 Name CREEK BLUD STREET ADDRESS DALLAS , TOXAS 75219 #15B CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE TITLE ☐ Change ■ Addition MARKET MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITE F Delete DILE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP -CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not availify 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. JOHNA. CARBONA