


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90015 048 ***138.75

DOCUMENT # L07000032593 1. Entity Name POINTE GROUP ADVISORS, LLC																									
Principal Place of Business 8211 WEST BROWARD BLVD., PH-2 PLANTATION, FL 33324			Mailing Address 8211 WEST BROWARD BLVD., PH-2 PLANTATION, FL 33324																						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																						
4. FEI Number 26-0162982				Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03062008 Chg-LLC CR2E083 (12/06)																					
6. Name and Address of Current Registered Agent ROSE, ESQ., ELLEN SUNTRUST INTERNATIONAL CENTER ONE S.E. 3RD AVENUE, STE 2950 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Peter C. Gardner Street Address (P.O. Box Number is Not Acceptable) 8211 W. BROWARD BLVD PH-2 City PLANTATION FL Zip Code 33324																						
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 Peter C. Gardner DATE 4/18/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																						
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	Delete <input type="checkbox"/>	CITY-ST-ZIP				10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>P GARDNER, PETER C.</td> <td>8211 W. BROWARD BLVD, PH-2</td> <td></td> </tr> <tr> <td></td> <td></td> <td>PLANTATION, FL 33324</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	CITY-ST-ZIP	P GARDNER, PETER C.	8211 W. BROWARD BLVD, PH-2				PLANTATION, FL 33324	
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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: Peter C. Gardner DATE 4/18/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																									