

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120524

**FILED**  
**Feb 13, 2008**  
**Secretary of State**

**Entity Name:** LAKE POINT SOUTHFRONT LLC

**Current Principal Place of Business:**

3160 FAIRLINE FARMS ROAD  
WELLINGTON, FL 33414

**New Principal Place of Business:**

3160 FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414

**Current Mailing Address:**

3160 FAIRLINE FARMS ROAD  
WELLINGTON, FL 33414

**New Mailing Address:**

3160 FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324    US

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

LEVIN, JACOB P  
3160 FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414    US

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: JACOB P. LEVIN

02/13/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      LAKE POINT HOLDINGS, LLC  
Address:                      3160 FAIRLINE FARMS ROAD  
City-St-Zip:                      WELLINGTON, FL 33414

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

**ADDITIONS/CHANGES:**

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

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      RUSBRIDGE, HAROLD D  
Address:                      3160 FAIRLINE FARMS ROAD  
City-St-Zip:                      WELLINGTON, FL 33414

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: HAROLD D. RUSBRIDGE

MGR

02/13/2008

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