

**2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Aug 13, 2010  
Secretary of State**

DOCUMENT# M07000003740

Entity Name: POINTE STATION LLC

**Current Principal Place of Business:**

11501 NORTHLAKE DRIVE  
CINCINNATI, OH 45249 US

**New Principal Place of Business:**

**Current Mailing Address:**

11501 NORTHLAKE DRIVE  
CINCINNATI, OH 45249 US

**New Mailing Address:**

FEI Number: 26-0378640      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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:**

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  
Name: POINTE REIT INC.  
Address: 11501 NORTHLAKE DRIVE  
City-St-Zip: CINCINNATI, OH 45249 US

Title: TRES  
Name: PHILLIPS, MICHAEL C  
Address: 11501 NORTHLAKE DRIVE  
City-St-Zip: CINCINNATI, OH 45249

Title: PRES  
Name: EDISON, JEFFREY S  
Address: 11501 NORTHLAKE DRIVE  
City-St-Zip: CINCINNATI, OH 45249

Title: SEC  
Name: ADDY, MARK R  
Address: 11501 NORTHLAKE DRIVE  
City-St-Zip: CINCINNATI, OH 45249

Title: ATHS  
Name: EDMONDS, ROBERT M  
Address: 11501 NORTHLAKE DRIVE  
City-St-Zip: CINCINNATI, OH 45249

I hereby 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: ANNE MEYER

POA

08/13/2010

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