

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000120524

**FILED  
Jan 08, 2014  
Secretary of State  
CC1941940826**

**Entity Name:** LAKE POINT SOUTHFRONT LLC

**Current Principal Place of Business:**

25818 S.W. KANNER HIGHWAY  
CANAL POINT, FL 33438

**Current Mailing Address:**

P O BOX 69  
INDIANTOWN, FL 34956

**FEI Number: 26-2951655**

**Certificate of Status Desired: No**

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

LAIRD, FRANCIS JUDSON IV  
25818 SW KANNER HWY  
CANAL POINT, FL 33438 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LAKE POINT HOLDINGS LLC  
Address 25818 S.W. KANNER HIGHWAY  
City-State-Zip: CANAL POINT FL 33438

Title MGR  
Name RUSBRIDGE, HAROLD D  
Address 3160 FAIRLANE FARMS ROAD  
City-State-Zip: WELLINGTON FL 33414

Title MGR  
Name LAIRD, FRANCIS J  
Address 4500 BISCAYNE BLVD., SUITE 105  
City-State-Zip: MIAMI FL 33137

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BONNIE OWEN**

**CONTROLLER**

**01/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date