500

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED
08 SEP 19 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001502

1. Entity Name
LAPOINTE, LTD.

Principal Place of Business	Mailing Address
1181 SOUTH ROGERS CIRCLE, SUITE 19 BOCA RATON, FL 33487	1181 SOUTH ROGERS CIRCLE, SUITE 19 BOCA RATON, FL 33487

09082008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 16-1642061 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAPOINTE, RICHARD A 1181 SOUTH ROGERS CIRCLE, SUITE 19 BOCA RATON, FL 33487	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!! FEE IS $500.00
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L02000029656	STREET ADDRESS	
NAME	LAPOINTE HOLDINGS, LLC	CITY-ST-ZIP	
STREET ADDRESS	1181 SOUTH ROGERS CIRCLE, SUITE 19		
CITY-ST-ZIP	BOCA RATON, FL 33481		
DOCUMENT #		STREET ADDRESS	200136245542
NAME		CITY-ST-ZIP	09/29/08 01008 012 **938.75
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Richard A. Lapointe 10/8
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Title — Date — Daytime Phone #