


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90311 031 ****50.00

DOCUMENT # L00000004428					
1. Entity Name CHERRY POINT VILLAS, L.L.C.					
Principal Place of Business PO BOX 552290 DAVIE, FL 33355 US			Mailing Address PO BOX 552290 DAVIE, FL 33355 US		
2. Principal Place of Business - No P.O. Box # 1605 SW 108 Terrace		3. Mailing Address 1605 SW 108 Terrace			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Davie, Florida		City & State Davie, Florida		4. FEI Number 65-1004431	
Zip 33324		Country		Applied For Not Applicable	
Zip 33324		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FULLER, STEVEN E FULLER, WITCHER & COMPANY, P.A. 2953 W CYPRESS CREEK RD STE 200 FORT LAUDERDALE, FL 33309-1765			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, PAUL PO BOX 552290 DAVIE, FL 33355	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1605 SW 108 Terrace Davie, Florida 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR JONES, SHIRLEY PO BOX 552290 DAVIE, FL 33355		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: x <i>[Signature]</i> x <i>[Signature]</i> x 4-30-07 x 474-0161					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					