


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000005102</b> 1. Entity Name CENTRE POINTE OFFICE CONDOMINIUM, L.L.C.	
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Principal Place of Business 2019 CENTRE POINTE BLVD., SUITE 101 TALLAHASSEE, FL 32308	Mailing Address 2019 CENTRE POINTE BLVD., SUITE 101 TALLAHASSEE, FL 32308
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01072005No Chg-LLC\_ CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3642616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  MANAUSA, DANIEL E 2019 CENTRE POINTE BLVD., SUITE 101 TALLAHASSEE, FL 32308
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOTTICE, JOHN P 2019 CENTRE POINTE BLVD., SUITE 101 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CARLSON, MARVIN W 3733 TOM JOHN LANE TALLAHASSEE, FL 32307
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04/27/05-80137-005 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

**SIGNATURE:** John P. Mottice, Managing Member 4/22/05 850-386-2117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #