## **2007 LIMITED LIABILITY COMPANY** ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L00000005102**

CENTRE POINTE OFFICE CONDOMINIUM, L.L.C.



**FILED** Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

446 CONRADI ST. H-107 TALLAHASSEE, FL 32304 Mailing Address

PO BOX 12579

TALLAHASSEE, FL 32317



4/27/07

Daytime Phone #

850-386-2112

02132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3642616

Not Applicable

Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

-							
	6.	Name and	Address	of Curr	ent Rec	heretair	Agent

JOHN P. MOTTIE 446 CONRADI ST. H-107 TALLAHASSEE, FL 32304

SIGNATURE AND TYPE

## DO NOT WRITE IN THIS SPACE

	tions of registered agent.	iging its registered onice of registered agent, or bol	til, ill the State of Pionoa. Tam familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Apent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007		,
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOTTICE, JOHN P 446 CONRADI ST. H-107 TALLAHASSEE, FL 32304		HDDDDDDAFDes
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARLSON, MARVIN W 3733 TOM JOHN LANE TALLAHASSEE, FL 32307		U00000745861 05/16/07-80045-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 1	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CHY-ST-ZIP			

11. I hereby certify that the information supplied with this filling 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.

managing Member

John P. Motrice

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE