

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005102

FILED
Apr 08, 2008
Secretary of State

Entity Name: CENTRE POINTE OFFICE CONDOMINIUM, L.L.C.

Current Principal Place of Business:

446 CONRADI ST. H-107
TALLAHASSEE, FL 32304

New Principal Place of Business:

3745 TOM JOHN LANE
TALLAHASSEE, FL 32309

Current Mailing Address:

PO BOX 12579
TALLAHASSEE, FL 32317

New Mailing Address:

PO BOX 12579
TALLAHASSEE, FL 323172579

FEI Number: 59-3642616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JOHN P. MOTTICE
3745 TOM JOHN LANE
TALLAHASSEE, FL 32309 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: JOHN P. MOTTICE

04/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOTTICE, JOHN P
Address: 446 CONRADI ST. H-107
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGR () Delete
Name: CARLSON, MARVIN W
Address: 3733 TOM JOHN LANE
City-St-Zip: TALLAHASSEE, FL 32307

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOTTICE, JOHN P
Address: 3745 TOM JOHN LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOHN P. MOTTICE

MGR

04/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date