

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000005102

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3745 TOM JOHN LANE  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 12579  
TALLAHASSEE, FL 323172579

**New Mailing Address:**

**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  
3745 TOM JOHN LANE  
TALLAHASSEE, FL 32309 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MOTTICE, JOHN P  
**Address:** 3745 TOM JOHN LANE  
**City-St-Zip:** TALLAHASSEE, FL 32309

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

I hereby 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

03/14/2011

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