

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000007897

1. Entity Name
CENTRE POINTE AT CITRUS, L.C.



Principal Place of Business
3641 WEST KENNEDY BLVD
SUITE A
TAMPA, FL 33609

Mailing Address
3641 WEST KENNEDY BLVD
SUITE A
TAMPA, FL 33609



02272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3669036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, LESLIE J
BARNETT, BOLT, KIRKWOOD & LONG
601 BAYSHORE BLVD., STE 700
TAMPA, FL 33606

**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 title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME AR-JOY OF TAMPA, INC.
STREET ADDRESS 3641 WEST KENNEDY BLVD SUITE A
CITY-ST-ZIP TAMPA, FL 33609

TITLE MGRM
NAME FOURSOME PROPERTIES, INC.
STREET ADDRESS 3641 WEST KENNEDY BLVD SUITE A
CITY-ST-ZIP TAMPA, FL 33609

TITLE MGRM
NAME PALS PROPERTIES, LP
STREET ADDRESS ONE OXFORD CENTER, 34TH FLOOR
CITY-ST-ZIP PITTSBURGH, PA 15219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000709352
04/24/07-80150-018 50.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/3/07

Date

(813) 353-2228

Daytime Phone #