

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007897

FILED
Feb 27, 2009
Secretary of State

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

Current Principal Place of Business:

3641 WEST KENNEDY BLVD
SUITE A
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

3641 WEST KENNEDY BLVD
SUITE A
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3669036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, LESLIE J
BARNETT, BOLT, KIRKWOOD & LONG
601 BAYSHORE BLVD., STE 700
TAMPA, FL 33606 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: MGRM () Delete
Name: AR-JOY OF TAMPA, INC. .
Address: 3641 WEST KENNEDY BLVD SUITE A
City-St-Zip: TAMPA, FL 33609

Title: MGRM () Delete
Name: FOURSOME PROPERTIES,, INC.
Address: 3641 WEST KENNEDY BLVD SUITE A
City-St-Zip: TAMPA, FL 33609

Title: MGRM () Delete
Name: PALS PROPERTIES, LP,
Address: ONE OXFORD CENTER, 34TH FLOOR
City-St-Zip: PITTSBURGH, PA 15219

ADDITIONS/CHANGES:

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

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

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: CLIFF LEVY

MGRM

02/27/2009

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