

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000011097

1. Entity Name
TRAIL PLAZA POINTE, LLC



Principal Place of Business
**% COMMUNITY PLANNING ASSOCIATES
123 NW 13TH ST., SUITE 208
BOCA RATON, FL 33343-2**

Mailing Address
**% COMMUNITY PLANNING ASSOCIATES
123 NW 13TH ST., SUITE 208
BOCA RATON, FL 33343-2**



01062004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
65-1043580

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**COMMUNITY PLANNING ASSOCIATES, INC.
123 NW 13TH ST., SUITE 208
BOCA RATON, FL 33432**

**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. (NOT: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**000000067639
02/27/04-80008-007 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
TRAIL PLAZA POINTE, LLC
123 NW 13TH ST., SUITE 208
BOCA RATON, FL 33432**

TITLE
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2/24/04 561-368-6622
Date Daytime Phone #