

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000015053

1. Entity Name
TERRACE AT BAY POINTE, LLC



Principal Place of Business

1200 ARTHUR ST.
HOLLYWOOD, FL 33020

Mailing Address

6000 MEADOWBROOK MALL, STE. 27
CLEMMONS, NC 27012

FILED
Jul 15, 2008 08:00 AM
Secretary of State



07072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2228267

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 32301-1283

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
Due by September-12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000954962
07/15/08-80005-013 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	DOVA OF HOLLYWOOD G.P., INC.
STREET ADDRESS	6000 MEADOWBROOK MALL, STE. 27
CITY- ST- ZIP	CLEMMONS, NC 27012
TITLE	MGRM
NAME	ANGELL, DON G
STREET ADDRESS	6000 MEADOWBROOK MALL #27
CITY- ST- ZIP	CLEMMONS, NC 27012
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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

Date

Daytime Phone #