## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000535

Entity Name: LAKEPOINTE SOUTH, LLC

FILED Jul 17, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Principal Place of Business:	New Finicipal Flace of Business:

2245 PLANTATION CT DR 8833 PERIMETER PARK BLVD STE 4

STE 1004 ORANGE PARK, FL 32003 JACKSONVILLE, FL 32216

**New Mailing Address: Current Mailing Address:** 

P.O. BOX 9390 8833 PERIMETER PARK BLVD

FLEMING ISLAND, FL 32006 STE 1004 JACKSONVILLE, FL 32216

FEI Number: 59-3690197 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

PATTERSON, BOND & LATSHAW, P.A. AVERITT & CO., P.A. 8833 PERIMETÉR PARK BLVD 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250

STE 1004 JACKSONVILLE, FL 32216 US

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: BARRY AVERITT 07/17/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Change () Addition () Delete

JONES, THOMAS F Name: Name: Address: 105 PLANTATION CIRCLE Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip:

Title: MGR Title: () Delete () Change () Addition

Name: LEE, DAVID E Name: Address: 2513 WRIGHTSON DRIVE WEST Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: THOMAS F. JONES