2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000016155

1. Entity Name
MAYPOINTE PROPERTIES, LLC

FILED
07 MAY -1 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O D. BRUCE MAY, JR. 315 SOUTH CALHOUN ST., STE. 600 TALLAHASSEE, FL 32301	C/O D. BRUCE MAY, JR. 315 SOUTH CALHOUN ST., STE. 600 TALLAHASSEE, FL 32301

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04262007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3751685

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MAY, MICHAEL A
STREET ADDRESS	4429 SOUTH MELROSE AVENUE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGRM
NAME	MAY, FRANK D
STREET ADDRESS	115 ALLEN MEMORIAL WAY
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	MGRM
NAME	MAY, D. BRUCE JR
STREET ADDRESS	P.O. DRAWER 810
CITY-ST-ZIP	TALLAHASSEE, FL 32302
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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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: _____ 5.1.07 428-5607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #