2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L01000016155

Entity Name: MAYPOINTE PROPERTIES, LLC

Current Principal Place of Business:

C/O D. BRUCE MAY, JR.
315 SOUTH CALHOUN ST., STE. 600
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

C/O D. BRUCE MAY, JR.
315 SOUTH CALHOUN ST., STE. 600
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3751685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MAY, MICHAEL A
Address: 4429 SOUTH MELROSE AVENUE
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete
Name: MAY, FRANK D
Address: 115 ALLEN MEMORIAL WAY
City-St-Zip: PORT ST JOE, FL 32456

Title: MGRM ( ) Delete
Name: MAY, D. BRUCE JR
Address: P.O. DRAWER 810
City-St-Zip: TALLAHASSEE, FL 32302

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: D. BRUCE MAY, JR. MGRM 04/29/2009

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