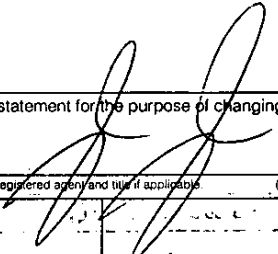
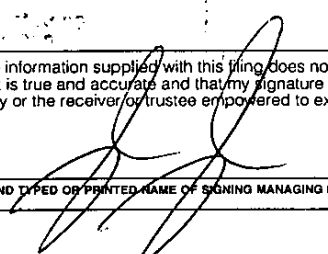


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90077 029 ****50.00

DOCUMENT # L01000016740 1. Entity Name POINTE CARTESIAN, L.L.C.					
Principal Place of Business 2175 WEST 18TH ST. JACKSONVILLE, FL 32209			Mailing Address PO BOX 551260 JACKSONVILLE, FL 32255		
2. Principal Place of Business PO Box 12267		3. Mailing Address PO Box 12267			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3747723	
Zip 32209		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N 5150 BELFORT ROAD, BUILDING 100 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name: Kenneth P. Kuester Street Address (P.O. Box Number is Not Acceptable) 2175 W. 18th Street City: Jacksonville FL Zip Code: 32209		
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:  Ken KUESTER DATE: 1/26/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLARK, FURMAN O JR. 740 OCEAN CLUB PLACE FERNANDINA BEACH, FL 32035		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Kenneth P. Kuester 2175 W. 18th Street Jacksonville, FL 32209	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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:  Ken KUESTER DATE: 1/26/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					