


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90020 046 \*\*\*\*\*50.00

<b>DOCUMENT # L01000016740</b> 1. Entity Name POINTE CARTESIAN, L.L.C.	
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Principal Place of Business PO BOX 12267 JACKSONVILLE, FL 32209	Mailing Address PO BOX 12267 JACKSONVILLE, FL 32209
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**DO NOT WRITE IN THIS SPACE**



01272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3747723	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KUESTER, KENNETH P 2175 W. 18TH STREET JACKSONVILLE, FL 32209
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUESTER, KENNETH P 2175 W. 18TH STREET JACKSONVILLE, FL 32209
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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.

<b>SIGNATURE:</b> 	1/29/06	(904) 355-6611
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>