

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State



DOCUMENT # L01000018491
 1. Entity Name
POINTE SILOS 54, LLC

Principal Place of Business Mailing Address
 101 NORTH MONROE ST., STE. 900 POST OFFICE DRAWER 229
 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32302-0229



03172005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3759448 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WAKEMAN, MARY L
 101 NORTH MONROE ST., STE. 900
 TALLAHASSEE, FL 32301

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

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCCONNAUGHAY, JAMES N
STREET ADDRESS	101 NORTH MONROE ST., STE. 900
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	MGRM
NAME	WAKEMAN, MARY L
STREET ADDRESS	101 NORTH MONROE ST., STE. 900
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	MGRM
NAME	MCCONNAUGHAY, JOHN W
STREET ADDRESS	101 NORTH MONROE ST., STE. 900
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

100000268912
 03/18/05-80062-015 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mary L Wakeman 3/17/05 850.222.8121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #