


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90037 035 ****50.00

DOCUMENT # L01000018491 1. Entity Name POINTE SILOS 54, LLC					
Principal Place of Business 101 NORTH MONROE ST., STE. 900 TALLAHASSEE, FL 32301			Mailing Address POST OFFICE DRAWER 229 TALLAHASSEE, FL 32302-0229		
2. Principal Place of Business <i>Post office Drawer 229</i> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Tallahassee, FL			City & State Tallahassee, FL		
Zip 32302-0229		Country United States		4. FEI Number 59-3759448	
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WAKEMAN, MARY L 101 NORTH MONROE ST., STE. 900 TALLAHASSEE, FL 32301 <i>32308</i>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1709 Hermitage Blvd Suite 200</i> City Tallahassee, FL Zip Code		
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: <i>Mary L Wakeman</i> DATE: <i>4.20.06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCONNAUGHAY, JAMES N 101 NORTH MONROE ST., STE. 900 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1709 Hermitage Blvd, Suite 200</i> <i>32308</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAKEMAN, MARY L 101 NORTH MONROE ST., STE. 900 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Same as above</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCONNAUGHAY, JOHN W 101 NORTH MONROE ST., STE. 900 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Same as above</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 606, Florida Statutes.					
SIGNATURE: <i>Mary L Wakeman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4.20.06 <small>Date</small>		850.222.8121 <small>Daytime Phone #</small>