

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90016 041 \*\*\*138.75

**DOCUMENT # L01000018491**

1. Entity Name  
POINTE SILOS 54, LLC



Principal Place of Business  
POST OFFICE DRAWER 229  
TALLAHASSEE, FL 32302-0229

Mailing Address  
POST OFFICE DRAWER 229  
TALLAHASSEE, FL 32302-0229

60028410



03242008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3759448	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

**6. Name and Address of Current Registered Agent**

WAKEMAN, MARY L  
~~101 NORTH MONROE ST., STE. 900~~ 1709 Hermitage  
TALLAHASSEE, FL 32308 Blvd, Suite 200

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MCCONNAUGHAY, JAMES N
STREET ADDRESS	1709 HERMITAGE BLVD, SUITE 200
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	MGRM
NAME	WAKEMAN, MARY L
STREET ADDRESS	1709 HERMITAGE BLVD, SUITE 200
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	MGRM
NAME	MCCONNAUGHAY, JOHN W
STREET ADDRESS	1709 HERMITAGE BLVD, SUITE 200
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** Mary L Wakeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4.10.08

Date

850.425.8112

Daytime Phone #