


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000018576 1. Entity Name POINTE SILOS 85, LLC	
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Principal Place of Business 101 NORTH MONROE ST., STE. 900 TALLAHASSEE, FL 32301	Mailing Address POST OFFICE DRAWER 229 TALLAHASSEE, FL 32303-0229
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DO NOT WRITE IN THIS SPACE



03172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3759447	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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
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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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCONNAUGHAY, JAMES IV 101 NORTH MONROE ST., STE. 900 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAKEMAN, MARY L 101 NORTH MONROE ST., STE. 900 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCONNAUGHAY, JOHN W 101 NORTH MONROE ST., STE. 900 TALLAHASSEE, FL 32301
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03/18/05-80062-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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: <u>Mary L. Wakeman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>3/16/05</u> <small>Date</small>	<u>850.222.8121</u> <small>Daytime Phone #</small>
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