

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018576

Entity Name: POINTE SILOS 85, LLC

FILED
Mar 18, 2009
Secretary of State

Current Principal Place of Business:

POST OFFICE DRAWER 229
TALLAHASSEE, FL 323020229

New Principal Place of Business:

1709 HERMITAGE BLVD
SUITE 200
TALLAHASSEE, FL 32308

Current Mailing Address:

POST OFFICE DRAWER 229
TALLAHASSEE, FL 323020229

New Mailing Address:

FEI Number: 59-3759447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAKEMAN, MARY L
1709 HERMITAGE BLVD
SUITE 200
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCONNAUGHAY, JAMES IV
Address: 1709 HERMITAGE BLVD, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM () Delete
Name: WAKEMAN, MARY L
Address: 1709 HERMITAGE BLVD, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM () Delete
Name: MCCONNAUGHAY, JOHN W
Address: 1709 HERMITAGE BLVD, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

03/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date