


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90318 016 ****50.00

DOCUMENT # L01000019622 1. Entity Name NEPTUNE POINTE, LLC					
Principal Place of Business P.O. BOX 701323 ST. CLOUD, FL 34770			Mailing Address P.O. BOX 701323 ST. CLOUD, FL 34770		
2. Principal Place of Business - No P.O. Box # 1100 NORTH MAIN ST.		3. Mailing Address PO BOX 701323			
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. 			
City & State Kissimmee, FL		City & State ST CLOUD, FL			
Zip 34744	Country US	Zip 34770	Country US	4. FEI Number 74-3023320	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOWSE, RON P.O. BOX 701323 ST. CLOUD, FL 34744			7. Name and Address of New Registered Agent Name HOWSE, RONALD S. Street Address (P.O. Box Number is Not Acceptable) 1100 NORTH MAIN ST. Suite A City Kissimmee FL Zip Code 34744		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWSE, RONALD S P.O. BOX 701323 ST. CLOUD, FL 34770	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President HOWSE, RONALD S. PO BOX 701323 ST CLOUD, FL 34770	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 608, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4.2007 407.709.8002 <small>Date Daytime Phone #</small>		

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