


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L01000020580 1. Entity Name RESEARCH POINTE, LLC |  |
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|---|---|
| Principal Place of Business 2701 MAITLAND CENTER PKWY STE 225 MAITLAND, FL 32751 | Mailing Address 2701 MAITLAND CENTER PKWY STE 225 MAITLAND, FL 32751 |
|---|---|



03222007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 52-2359452 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

STEIN, CLIFFORD
2701 MAITLAND CENTER PKWY
STE 225
MAITLAND, FL 32751

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

**Filing Fee is \$50.00
Due by May 1, 2007**

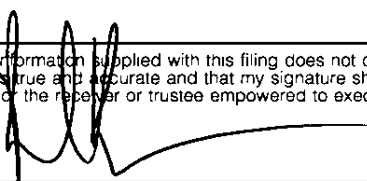
| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STEIN, CLIFFORD L 2701 MAITLAND CENTER PKWY STE 225 MAITLAND, FL 32751 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BERMAN, REID 2701 MAITLAND CENTER PKWY STE 225 MAITLAND, FL 32751 |
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11. 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:



Manager 4-27-07