## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: Michael Hartman Mic

02 APR 15 PM 3: 15

SECRETARY OF STATE

DOCUMENT # L01000022354  1. Entity Name HOUSTON LAKE POINTE, LLC						TALLAHAS	SEE. F	LÖRI	ΙŌΑ	
	DO NOT WRIT	E IN THIS S	PAC	E						
	Place of Business	3. Mailing Address	•							
	COURTENAY PARKWAY		585 N. COURTENAY PARKWAY							
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. SUITE 101	SUITE 101			DO NOT WRIT	E IN THIS	SPACE		
City & Stat		City & State	City & State			4. FEI Number Applied For				
	T ISLAND, FL		MERRITT ISLAND, FL			30-0019638 Not Applic				
Zip Country 32943 32953 USA		Zip 32953	Country USA		5. Certificate of Status Desired \$5.00 Additional Fee Required					
				Name	7. Name	and Address of Current I	Registered	1 Agent	<u> </u>	ĺ
	DO NOT V	VRITE			CT CORPORATION SYSTEM					
					Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD					
	IN THIS S	PACE								ĺ
				City			FL	Zip	Code	
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o. The above	named entity submits this statement	tor the purpose of changing its	s registere	ed office or regist	ered agent,	or both, in the State of Flor	ida.			
SIGNATURE _										
	Signature, typed or printed name of registered age					1	DATE			ı
		Make Check Pa			of State				1	
9.	MANAGING MEME	<u> </u>	- E	WAT I				<del></del>		
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NAME STREET ADDRESS			NAME	T ADDRESS			i			
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11. I hereby ce indicated colimited liab	ertify that the information supplied wit on this report is true and accurate and illity company or the receiver or truste Merritt Hous	h this filing does not qualify for d that my signature shall have the ele empowered to execute this is sing GP, LIC, it	the exenthe same report as	nption stated in S legal effect as if required by Chap le membe	ection 119.0 made under oter 608, Flo	07(3)(i), Florida Statutes. I fo coath; that I am a managir rida Statutes.	urther certi ig membei	fy that t	he information nager of the	

Michael Hartman, member

Date

321-453-2932