2005 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # L02000001250 POINTE 23 APARTMENTS, L.L.C. Mailing Address Principal Place of Business P.O. BOX 24943 P.O. BOX 24943 FORT LAUDERDALE, FL 33307 FORT LAUDERDALE, FL 33307 01042005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2252137 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BANTA, BRADFORD C DO NOT WRITE 4050 N.E. 1ST AVE., STE. 117 OAKLAND PARK, FL 33334 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. Signature, typed or printed name of registered agent and title if applicable. DATE INOTE Registered Appet signature required where reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, MGRM TITLE NAME BANTA, CATHERINE M STREET ADDRESS P.O. BOX 24943 CITY-ST-7IP FORT LAUDERDALE, FL 33307 U00000318063 04/20/05-80044-011 50.00 TITLE NAME BANTA, BRADFORD C P.O. BOX 24943 STREET ADDRESS FORT LAUDERDALE, FL 33307 CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP 1181 £ NAME

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-18-05

954-566-0209

Date

Daytime Phone #