

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000001250

1. Entity Name
POINTE 23 APARTMENTS, L.L.C.



Principal Place of Business
**P.O. BOX 24943
FORT LAUDERDALE, FL 33307**

Mailing Address
**P.O. BOX 24943
FORT LAUDERDALE, FL 33307**



03232007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2252137

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BANTA, BRADFORD C
4050 N.E. 1ST AVE., STE. 117
OAKLAND PARK, FL 33334**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BANTA, CATHERINE M
STREET ADDRESS	P.O. BOX 24943
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307
TITLE	MGRM
NAME	BANTA, BRADFORD C
STREET ADDRESS	P.O. BOX 24943
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000752160
05/21/07-80005-011 50.00

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IN THIS SPACE**

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: _____

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

Bradford C. Banta 4-24-07 954 566 0759

Date

Daytime Phone #