

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90368 025 \*\*\*\*50.00

**DOCUMENT # L02000006785**

1. Entity Name  
CABOT POINTE ASSOCIATES, L.L.C.



Principal Place of Business  
240 S. PINEAPPLE AVE. - 10TH FLOOR  
SARASOTA, FL 34236

Mailing Address  
P.O. BOX 49948  
SARASOTA, FL 34230-6948

00010010



**DO NOT WRITE IN THIS SPACE**

02012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
01-0648415

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BAND, DAVID S  
240 S. PINEAPPLE AVE. - 10TH FLOOR  
SARASOTA, FL 34236

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
BAND, DAVID S  
240 S PINEAPPLE AVE., 10TH FLOOR  
SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

Date

Daytime Phone #