

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009520

FILED
Mar 22, 2005
Secretary of State

Entity Name: SOUTH POINTE, LLC

Current Principal Place of Business:

3380 MCDONALD STREET
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3380 MCDONALD STREET
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 01-0693542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, TOM
218 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CARNESELLA, BRUNO G
Address: 3380 MCDONALD STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: MGRM () Delete
Name: SCATTARREGGIA, PAOLO
Address: 542 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRUNO G. CARNESELLA

MGRM

03/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date