


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90219 014 \*\*\*\*50.00

DOCUMENT # L02000018238	
1. Entity Name SEYBOLD POINTE MANAGEMENT, LLC	

Principal Place of Business 301 SW 17TH RD, 2ND FLOOR MIAMI, FL 33129	Mailing Address 301 SW 17TH RD, 2ND FLOOR MIAMI, FL 33129
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24038687

2. Principal Place of Business 1175 NE 125th Street	3. Mailing Address
Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc.
City & State North Miami, FL	City & State
Zip 33161	Country



02022004 Chg-LLC CR2E083 (10/03)

4. FEI Number APPLIED FOR 16-1695924	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HASNER, MARK M ESQ THERREL BAISDEN, P.A. SUNTRUST INT'L CTR, 1 SE 3RD AVE STE 2400 MIAMI, FL 33131
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILO, ALBERTO JR 301 SW 17 ROAD, 2ND FLOOR MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1801 SW 3RD AVENUE MIAMI, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TATE, STANLEY G 301 SW 17 ROAD, 2ND FLOOR MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TATE, STANLEY G 1175 NE 125th Street, Suite 103 North Miami, FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOLSKY, DEBRA SINKLE 301 SW 17 ROAD, 2ND FLOOR MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOLSKY, DEBRA SINKLE 1175 NE 125th Street, Suite 103 North Miami, FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: <i>Debra Sinkle Kolsky, Manager</i>	3/4/04	305-981-4580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #