


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000020444</b> 1. Entity Name <b>SOUTH POINTE FARMS, LLC</b>	
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Principal Place of Business <b>13251 52ND PLACE SOUTH WELLINGTON, FL 33414</b>	Mailing Address <b>13251 52ND PLACE SOUTH WELLINGTON, FL 33414</b>
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**DO NOT WRITE IN THIS SPACE**



07062005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>33-1033185</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LUNEBERG, RICHARD 13251 52ND PLACE SOUTH WELLINGTON, FL 33414</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

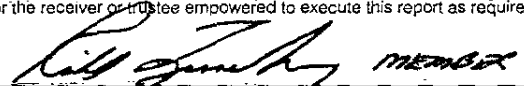
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>U00000372247 07/11/05-80024-018 50.00</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR LUNEBURG, RICHARD 13251 52ND PLACE SOUTH WELLINGTON, FL 33414</b>
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**DO NOT WRITE  
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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:**  **member** **7/6/05** **203-496-0132**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #