

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000020444

**FILED**  
**May 01, 2007**  
**Secretary of State**

**Entity Name:** SOUTH POINTE FARMS, LLC

**Current Principal Place of Business:**

13251 52ND PLACE SOUTH  
WELLINGTON, FL 33414

**New Principal Place of Business:**

1407 SW 8TH STREET  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

13251 52ND PLACE SOUTH  
WELLINGTON, FL 33414

**New Mailing Address:**

1407 SW 8TH STREET  
POMPANO BEACH, FL 33069

**FEI Number:** 33-1033185      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LUNEBERG, RICHARD  
13251 52ND PLACE SOUTH  
WELLINGTON, FL 33414      US

**Name and Address of New Registered Agent:**

LUNEBERG, RICHARD  
1407 SW 8TH STREET  
POMPANO BEACH, FL 33069      US

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:

05/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LUNEBURG, RICHARD  
Address: 1407 SW 8TH STREET  
City-St-Zip: POMPANO BEACH, FL 33069

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RICHARD LUNEBURG

MGR

05/01/2007

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