
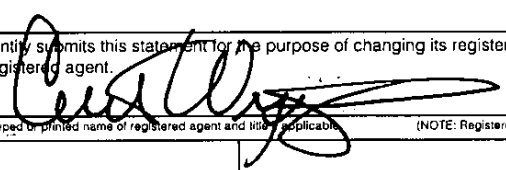



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90086 018 \*\*\*138.75

|  |   |  |   |
|--|---|--|---|
| DOCUMENT # L02000021012  |   |   |   |
| 1. Entity Name<br><b>THE POINTE ON LAKE DORA, L.L.C.</b>   |   |  |   |
| Principal Place of Business<br><b>ONE PURLIEU PLACE<br/>SUITE 285<br/>WINTER PARK, FL 32792</b>  |   | Mailing Address<br><b>ONE PURLIEU PLACE<br/>SUITE 285<br/>WINTER PARK, FL 32792</b>  |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>One Purlieu Place</b><br>Suite, Apt. #, etc.<br><b>Suite 260</b><br>City & State<br><b>Winter Park FL</b><br>Zip<br><b>32792</b>  |   | 3. Mailing Address<br><b>One Purlieu Place</b><br>Suite, Apt. #, etc.<br><b>Suite 260</b><br>City & State<br><b>Winter Park FL</b><br>Zip<br><b>32792</b>  |   |
| Country<br><b>USA</b>  |   | Country<br><b>USA</b>  |   |
| 4. FEI Number<br><b>75-3079657</b>   |   | Applied For<br><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<br><br><b>WIGGINS, CURTIS<br/>ONE PURLIEU PLACE SUITE 285<br/>WINTER PARK, FL 32789</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br><b>Curtis Wiggins</b><br>Street Address (P.O. Box Number Not Acceptable)<br><b>One Purlieu Place, Suite 260</b><br>City<br><b>Winter Park</b> |   |
| State<br><b>FL</b>   |   | Zip Code<br><b>32792</b>   |   |
| 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    |   | DATE <b>2/4/8</b>  |   |
| Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)  |   | DATE   |   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |   | Make check payable to<br><b>Florida Department of State</b>  |   |
| 9. MANAGING MEMBERS/MANAGERS   |   | 10. ADDITIONS/CHANGES  |   |
| TITLE<br><b>MGR</b>  | NAME<br><b>WIGGINS, JR., CURT TRUSTEE</b>   | TITLE<br><b>MGR</b>  | NAME<br><b>Wiggins, Jr., Curtis Trustee</b> |
| STREET ADDRESS<br><b>ONE PURLIEU PLACE</b>   | CITY-ST-ZIP<br><b>WINTER PARK, FL 32792</b> | STREET ADDRESS<br><b>One Purlieu Place, Suite 260</b>  | CITY-ST-ZIP<br><b>Winter Park, FL 32792</b> |
| <input type="checkbox"/> Delete  |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| TITLE<br><b>NAME</b>   |   | TITLE<br><b>NAME</b>   |   |
| STREET ADDRESS<br><b>CITY-ST-ZIP</b>   |   | STREET ADDRESS<br><b>CITY-ST-ZIP</b>   |   |
| <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br><b>NAME</b>   |   | TITLE<br><b>NAME</b>   |   |
| STREET ADDRESS<br><b>CITY-ST-ZIP</b>   |   | STREET ADDRESS<br><b>CITY-ST-ZIP</b>   |   |
| <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br><b>NAME</b>   |   | TITLE<br><b>NAME</b>   |   |
| STREET ADDRESS<br><b>CITY-ST-ZIP</b>   |   | STREET ADDRESS<br><b>CITY-ST-ZIP</b>   |   |
| <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br><b>NAME</b>   |   | TITLE<br><b>NAME</b>   |   |
| STREET ADDRESS<br><b>CITY-ST-ZIP</b>   |   | STREET ADDRESS<br><b>CITY-ST-ZIP</b>   |   |
| <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| 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:    |   | DATE <b>2/4/8</b>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   | Daytime Phone # <b>407 678-7666</b>  |   |