## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Jul 12, 2004 08:00 AM Secretary of State DOCUMENT # L02000026123 1. Entity Name PARK POINTE INVESTMENTS, LLC Principal Place of Business Mailing Address 1230 PARK POINTE LANE 1230 PARK POINTE LANE WINTER PARK, FL 32789 WINTER PARK, FL 32789 07012004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired \_\_ [ Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HOPKINS, ROBERTA J 1230 PARK POINTE LANE WINTER PARK, FL 32789 IN THIS SPACE 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 Fforida. I am familiar with, and accept the obligations of registered agent, SIGNATURE. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by September 8, 2004 UQQQQQ<u>165880</u> MANAGING MEMBERS/MANAGERS 9. MGRP 3371.5 NAME HOPKINS, ROBERTA J STREET ADDRESS 1230 PARK POINTE LANE CITY-ST-ZIP WINTER PARK, FL 327891326 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-23P IN THIS SPACE 3:33 F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 immed liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

TITLE NAME STREET ADDRESS