

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED


03 JUN -2 PM 7:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJJH

DOCUMENT # L02000030919

1. Entity Name
PALM POINTE, LLC



Principal Place of Business
221 TURNER STREET
CLEARWATER, FL 33756

Mailing Address
221 TURNER STREET
CLEARWATER, FL 33756

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



6/2 CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HABER, RICHARD M
C/O CRAMER, HABER & McDONALD, P.A.
1311 NORTH CHURCH STREET
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

B. 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's signature also required when withdrawing)



A. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Manager	Richard A. Puzzitiello, Sr.	1700 McMullen Booth Rd.	Clearwater, FL 33759	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

C. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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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)(b), 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: *Richard A. Puzzitiello, Sr.* Richard A. Puzzitiello, Sr., Mgr.

5-7-03 727-793-9805

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CPRE003 (10/02)