


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90102 016 ****50.00

DOCUMENT # L02000031932					
1. Entity Name CENTER POINTE PROPERTY, L.L.C.					
Principal Place of Business 2033 MAIN STREET SUITE 204 SARASOTA, FL 34237		Mailing Address 2033 MAIN STREET SUITE 204 SARASOTA, FL 34237			
2. Principal Place of Business <i>2033 Main Street</i>		3. Mailing Address <i>2033 Main Street</i>			
Suite, Apt. #, etc. <i>Suite 405</i>		Suite, Apt. #, etc. <i>Suite 405</i>			
City & State <i>Sarasota, FL</i>		City & State <i>Sarasota, FL</i>			
Zip <i>34237</i>	Country <i>Sarasota</i>	Zip <i>34237</i>	Country <i>Sarasota</i>	4. FEI Number 22-3885032	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent REDDING BOYD, CECILIA ESQ. BRYANT & HIGBY, CHARTERED 833 HARRISON AVE PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WESTMAN, RONALD 101 N MAIN BOX 67 BERRIEN SPRINGS, MI 49103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WESTMAN, RONALD 4425 Thomas Dr PH-5 Panama City Beach, FL 32408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILSON, DON L 54892 SUNSET DR DOWAGIAC, MI 49047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Don & Wilson, mgr</i> <i>Don L. Wilson</i>			Date: <i>4/19/05</i>		Daytime Phone #: <i>269-473-1221</i>