


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # L02000031932**  
1. Entity Name  
CENTER.POINTE PROPERTY, L.L.C.



Principal Place of Business  
2033 MAIN STREET, STE 405  
SARASOTA, FL 34237

Mailing Address  
2033 MAIN STREET, STE 405  
SARASOTA, FL 34237

**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 22-3885032	Applied For 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

REDDING BOYD, CECILIA ESQ.  
BRYANT & HIGBY, CHARTERED  
833 HARRISON AVE  
PANAMA CITY, FL 32401

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTMAN, RONALD 4425 THOMAS DR PH-5 PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, DON L 54892 SUNSET DR DOWAGIAC, MI 49047
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01/26/07-80111-012 50.00

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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:** *Don L Wilson, Mgr* *Don L Wilson* *1/22/07* *269-473-1221*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #