


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90035 006 ***138.75

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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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		04302008 Chg-LLC CR2E083 (12/06) 4. FEI Number 22-3885032 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 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			
7. Name and Address of New Registered Agent		Name <u>Robert Hillier</u> Street Address (P.O. Box Number is Not Acceptable) <u>2033 Main Street, Suite 405</u> City <u>Sarasota</u> FL Zip Code <u>34237</u>			
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 <u>Robert Hillier</u>		DATE <u>4-30-08</u>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WESTMAN, RONALD	NAME			
STREET ADDRESS	4425 THOMAS DR PH-5	STREET ADDRESS			
CITY - ST - ZIP	PANAMA CITY, FL 32408	CITY - ST - ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, DON L	NAME			
STREET ADDRESS	54892 SUNSET DR	STREET ADDRESS			
CITY - ST - ZIP	DOWAGIAC, MI 49047	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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: <u>Don L Wilson, Manager</u>		Date <u>4/30/08</u>		Daytime Phone # <u>(269)473-1221</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					