

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90057 010 \*\*\*\*50.00

DOCUMENT # L02000031932

1. Entity Name

CENTER POINTE PROPERTY, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2033 Main Street

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

34237

Country

Sarasota

Zip

Country

4. FEI Number

22-3885032

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Cecilia Redding Boyd

Street Address (P.O. Box Number is Not Acceptable) BRYANT + Higby, Chartered

833 Harrison Ave

City Panama City

FL

Zip Code

32401

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	Ronald Westman
STREET ADDRESS	101 N MAIN, Box 67
CITY-ST-ZIP	Berrien Springs MI 49103
TITLE	MGR
NAME	Don L. Wilson
STREET ADDRESS	54892 Sunset Dr
CITY-ST-ZIP	Dowagiac MI 49047
TITLE	
NAME	
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CR2E083B (12/02)

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: Don L Wilson, Mgr Don L Wilson 2/19/03 (269) 473-1221

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