

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

DOCUMENT # L02000035173

1. Entity Name

CHERRY POINTE, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2937 SW 27 Avenue

3. Mailing Address
2937 SW 27 Avenue

Suite, Apt. #, etc.
Suite 303

Suite, Apt. #, etc.
Suite 303

City & State
Coconut Grove, FL

City & State
Coconut Grove, FL

Zip Country
33133 USA

Zip Country
33133 USA

4. FEI Number
Applied For

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
Brian J. McDonough

Street Address (P.O. Box Number is Not Acceptable)
150 West Flagler Street, Suite 2200

City Zip Code
Miami FL 33130

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TCG Cherry Pointe, Inc.
2937 SW 27 Avenue, Ste. 303
Coconut Grove, FL 33133

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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)(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: Bruce Greer

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

Date

Daytime Phone #

CR2E083B (12/02)



FILED

2003 JAN 16 PM 1:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 893869 4311473

AUTHORIZATION :

COST LIMIT : \$ 55.00

Patricia Pigute

ORDER DATE : January 15, 2003

ORDER TIME : 8:07 AM

ORDER NO. : 893869-005

CUSTOMER NO: 4311473

CUSTOMER: Jackie Gerstenfeld, Paralegal
Stearns Weaver Miller
Museum Tower, Suite 2200
150 West Flagler Street
Miami, FL 33130

RECEIVED
03 JAN 16 PM 10:38
DIVISION OF CORPORATIONS

ANNUAL REPORT FILING

NAME: CHERRY POINTE, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: SUSIE KNIGHT -EXT#1156

EXAMINER'S INITIALS: _____