


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000004174 1. Entity Name POINTE SILOS 61, LLC	
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Principal Place of Business POST OFFICE DRAWER 229 TALLAHASSEE, FL 32303-0229	Mailing Address POST OFFICE DRAWER 229 TALLAHASSEE, FL 32303-0229
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03172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3769611

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAKEMAN, MARY L 101 NORTH MONROE ST., STE. 900 TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCONNAUGHAY, JAMES N 101 N. MONROE ST., STE. 900 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POPE, ROBERT D 101 N. MONROE ST., STE. 900 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAKEMAN, MARY L 101 N. MONROE ST., STE. 900 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCONNAUGHAY, JOHN W 101 N. MONROE ST., STE. 900 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/18/05-80062-014 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mary L. Wakeman*

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

3/17/05

Date

850.222.8121

Daytime Phone #