


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90040 010 ****50.00

| | | | | | |
|--|---|---|--|---|---|
| DOCUMENT # L03000004174 1. Entity Name POINTE SILOS 61, LLC | | | |  | |
| Principal Place of Business POST OFFICE DRAWER 229 TALLAHASSEE, FL 32303-0229 | | | Mailing Address POST OFFICE DRAWER 229 TALLAHASSEE, FL 32303-0229 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3769611 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| WAKEMAN, MARY L 401 NORTH MONROE ST., STE. 900 1709 Hermitage Blvd TALLAHASSEE, FL 32301 32308 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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>Mary L. Wakeman</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE <u>4.20.06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCCONNAUGHAY, JAMES N 101 N. MONROE ST., STE. 900 1709# TALLAHASSEE, FL 32301 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1709 Hermitage Blvd, Suite 200 32308 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM POPE, ROBERT D 101 N. MONROE ST., STE. 900 TALLAHASSEE, FL 32301 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Same as above) | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WAKEMAN, MARY L 101 N. MONROE ST., STE. 900 TALLAHASSEE, FL 32301 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Same as above) | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCCONNAUGHAY, JOHN W 101 N. MONROE ST., STE. 900 TALLAHASSEE, FL 32301 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Same as above) | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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>Mary L. Wakeman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | 4.20.06 <small>Date</small> | | 850.222.8121 <small>Daytime Phone #</small> |