2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE:

May 05, 2004 8:00 am DOCUMENT # L03000011993 **Secretary of State** 05-05-2004 90017 003 ****55.00 POINTE PROPERTY DEVELOPMENT, LLC Principal Place of Business Mailing Address 5651 CORPORATE WAY SUITE 2 WEST PALM BEACH FL 33407 5651 CORPORATE WAY SUITE 2 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 1mo Ohy WHITMIRE, DRENNEN L JR.ESQ. 450 ROYAL PALM WAY, SIXTH FLOOR $\leq \overline{\upsilon}e$ Corporatie PALM BEACH FL 33480 City west Zio Code 40 7 122 (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, typed or printed name of registered agent and title if app nt signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITL€ ☐ Change TITLE ☐ Delete 丁るのひと NAME NAME Director STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Director ☐ Delete TITLE ELLUYDE, ECCLESTON NAME NAME 50-e 101-13 STREET ADDRESS STREET ADDRESS EC 33410 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Channe ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED