

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014716

FILED
Apr 10, 2005
Secretary of State

Entity Name: GRAND OAKS POINTE, LLC

Current Principal Place of Business:

3211 SO. JOHN YOUNG PKWY.
KISSIMMEE, FL 34746

New Principal Place of Business:

3192 SO. JOHN YOUNG PKWY.
SUITE B
KISSIMMEE, FL 34746

Current Mailing Address:

3211 SO. JOHN YOUNG PKWY.
KISSIMMEE, FL 34746

New Mailing Address:

3192 SO. JOHN YOUNG PKWY.
SUITE B
KISSIMMEE, FL 34746

FEI Number: 20-0005613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATA, OMAR D.D.S.
3211 SO. JOHN YOUNG PKWY.
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

ATA, OMAR D.D.S.
3192 SO. JOHN YOUNG PKWY.
SUITE B
KISSIMMEE, FL 34746 US

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.

SIGNATURE: _____

04/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ATA, OMAR DDS
Address: 3211 S. JOHN YOUNG PKWY.
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ATA, OMAR DDS
Address: 3192 S. JOHN YOUNG PKWY. SUITE B
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: OMAR ATA

MGRM

04/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date