


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000020417 1. Entity Name REGENCY POINTE I PARTNERS, LLC	
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Principal Place of Business 719 RODEL COVE HEATHROW, FL 32746	Mailing Address 719 RODEL COVE HEATHROW, FL 32746
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03062007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3695624	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SODERSTROM, ROGER W
 115 INTERNATIONAL PKWY.
 HEATHROW, FL 32746

DO NOT WRITE IN THIS SPACE

8. The above named entry 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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

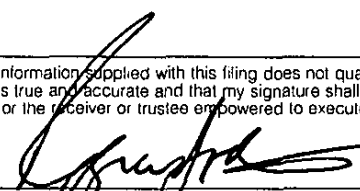
Filing Fee is \$50.00
Due by May 1, 2007

U00000687554
 04/10/07-80043-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WOOD, DELMAS 115 INT'L PKWY HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SODERSTROM, ROGER 115 INT'L PKWY HEATHROW, FL 32746
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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:  Date: 3-28-07 Daytime Phone #: 409-588-1260

ROGER SODERSTROM