

**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



Principal Place of Business
**719 RODEL COVE
HEATHROW, FL 32746**

Mailing Address
**719 RODEL COVE
HEATHROW, FL 32746**



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 ☐

\$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 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 resigning)

DATE _____

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

U00000687554
04/10/07-80043-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	WOOD, DELMAS
STREET ADDRESS	115 INT'L PKWY
CITY - ST - ZIP	HEATHROW, FL 32746
TITLE	VP
NAME	SODERSTROM, ROGER
STREET ADDRESS	115 INT'L PKWY
CITY - ST - ZIP	HEATHROW, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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: _____

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

Date

Daytime Phone #

ROGER SODERSTROM

3-28-07 407-588-1260