

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

08 MAR 31 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000021544

1. Entity Name
PALM BEACH POINTE, LLC



Principal Place of Business
1429 HIGHLAND DRIVE
TALLAHASSEE, FL 32317

Mailing Address
P.O. BOX 12563
TALLAHASSEE, FL 32317

BK



03072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0617519

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DICKINSON, BRENDA D
~~1429 HIGHLAND DRIVE~~ 1427 PINE ST.
TALLAHASSEE, FL ~~32317~~ 32303

**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

Brenda D Dickinson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-28-08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DICKINSON, BRENDA D
STREET ADDRESS	1429 HIGHLAND DRIVE 1427 PINE ST.
CITY- ST- ZIP	TALLAHASSEE, FL 32317 32303
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
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CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/31/08--01006--014 **138.75

BK

**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:

Brenda D Dickinson

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

3-28-08

Date

850-264-2184

Daytime Phone #