

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000021962

1. Entity Name

CENTRE POINTE PROPERTIES, LLC



Principal Place of Business

**8111 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810**

Mailing Address

**8111 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'BRIAN, MARY E
8111 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

U00000499536

04/24/06-80032-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME O'BRIAN, DONALD G
STREET ADDRESS 8111 N. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL 32810

TITLE MGR ☐ Delete
NAME O'BRIAN, MARY E
STREET ADDRESS 8111 N. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 603, Florida Statutes.

SIGNATURE

[Handwritten Signature]

4-5-06

407-291-2140