

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 19, 2007 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 resigning)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE: ☐ Delete
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CITY-STATE-ZIP:

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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
U000000718129
05/01/07-80010-007 50.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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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 608, Florida Statutes.

SIGNATURE:

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

4/12/07 407-291-1017

Date

Daytime Phone #