

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90079 028 ****50.00

DOCUMENT # L03000023572

1. Entity Name

ULMERTON POINTE PLAZA, LLC



Principal Place of Business

2020 W. PENSACOLA STREET, SUITE 27
TALLAHASSEE, FL 32304

Mailing Address

PO BOX 2535
TALLAHASSEE, FL 32316-2535



02032005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0203659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~RUDNICK, JAMES M~~
~~220 NORTH DUVAL STREET~~
~~TALLAHASSEE, FL 32301~~

STEVEN M LEONI
~~2020 W. PENSACOLA ST., SUITE 27~~
TALLAHASSEE, FL 32304

**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 reinstating)

DATE

03-15-05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEONI, STEVEN M
~~2020 W. PENSACOLA STREET, SUITE 27~~ PO BOX 2535
TALLAHASSEE, FL ~~32304~~ 32316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RUDNICK, JAMES M
~~220 N. DUVAL STREET~~ PO BOX 2535
TALLAHASSEE, FL ~~32301~~ 32316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

3-15-05

580 3131