


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90187 030 ****55.00

DOCUMENT # L03000029338	
1. Entity Name POINT OF VIEW, L.L.C.	

Principal Place of Business 1390 SUNSET BEACH DRIVE NICEVILLE, FL 32578	Mailing Address POST OFFICE BOX 5065 NICEVILLE, FL 32578
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2. Principal Place of Business 4588 Hwy 20 East, Suite B Suite, Apt. #, etc.	3. Mailing Address 4588 Hwy 20 East, Suite B Suite, Apt. #, etc.
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City & State Niceville, FL 32578	City & State Niceville, FL 32578
Zip 32578	Country USA



01122004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent PERRY, AMY A ESQ. PLEAT & PERRY, P.A. 4477 LEGENDARY DRIVE, SUITE 202 DESTIN, FL FL 32-541	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM O'NEAL, ALAN M 1390 SUNSET BEACH DRIVE NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Alan M. O'Neal *Authorized Representative* 2/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #