



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90012 020 ****55.00

DOCUMENT # L03000035481					
1. Entity Name PIER POINT DEVELOPERS, L.L.C.					
Principal Place of Business 21120 NE 31 PLACE AVENTURA, FL 33180			Mailing Address 21120 NE 31 PLACE AVENTURA, FL 33180		
2. Principal Place of Business 3230 El Mar Drive Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Lauderdale By The Sea Zip Country 33308 USA		City & State Zip Country		4. FEI Number 42-1606373	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JACOBSON, DANIEL A 2500 N. FEDERAL HIGHWAY SUITE 100 FORT LAUDERDALE, FL 33305			7. Name and Address of New Registered Agent Name Joseph P. Mullen Street Address (P.O. Box Number is Not Acceptable) 2929 E. Commercial Blvd. Suite PH-C City Fort Lauderdale FL Zip Code 33308		
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 <u>Joseph P. Mullen</u> DATE <u>April 20, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMAC, HOWARD 33 CAPTAIN THEALE ROAD BEDFORD, NY 10506	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Howard J. Camac</u>				Date <u>4/20/04</u> - 914-980-6353 <small>Daytime Phone #</small>	