

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041389

1. Entity Name

LAKE POINTE INVESTORS, LLC



Principal Place of Business

ATTN: JOSEPH D. MITCHELL
2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 32308-3700

Mailing Address

ATTN: JOSEPH D. MITCHELL
2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 32308-3700

DO NOT WRITE IN THIS SPACE

FILED

2006 MAR 15 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02022006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
57-1191256

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301

**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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MITCHELL, JOSEPH D
STREET ADDRESS 2851 REMINGTON GREEN CIRCLE, SUITE A
CITY-ST-ZIP TALLAHASSEE, FL 323083700

TITLE MGRM
NAME FARMER, C. GUY
STREET ADDRESS 2851 REMINGTON GREEN CIRCLE, SUITE A
CITY-ST-ZIP TALLAHASSEE, FL 323083700

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400068871414
03/29/06--01008--021 **50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

C. G. Farmer, C. G. FARMER, MEMBER 3/12/06 850-386-2522

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

Date

Daytime Phone #