## 2008 LIMITED LIABLITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041389

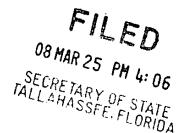
1. Entity Name
LAKE POINTE INVESTORS, LLC



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





01152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 57-1191256

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPA

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

CITY-ST-ZIP

| DO N  | OT  | WR  | ITE |
|-------|-----|-----|-----|
| IN TH | IIS | SPA | CE  |

| 8. The above the obliga                              | e named entity submits this statement for the purpose of cha<br>tions of registered agent.                           | nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accep |
|--|--|--|
| SIGNATURE.   | Signature, typed or printed name of registered agent and title if applicable.  | (NOTE: Registered Agent signature required when reinstating) DATE  |
|  | E NOW!!! FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75   |  |
| 9.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MANAGING MEMBERS/MANAGERS  MGRM  MITCHELL, JOSEPH D  2851 REMINGTON GREEN CIRCLE, SUITE A  TALLAHASSEE, FL 323083700 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                | MGRM<br>FARMER, C. GUY   | 600121214676<br>03/25/0801036004 **138.75  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       |  | DO NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                |  | IN THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                |  |  |
| TITLE<br>NAME  |  |  |

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: LA CO. FARMER - MORM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/24/08

850-386-252

Daytime Phone #