


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041389 1. Entity Name LAKE POINTE INVESTORS, LLC	
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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
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**FILED**  
08 MAR 25 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01152008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 57-1191256	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITCHELL, JOSEPH D 2851 REMINGTON GREEN CIRCLE, SUITE A TALLAHASSEE, FL 323083700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARMER, C. GUY 2851 REMINGTON GREEN CIRCLE, SUITE A TALLAHASSEE, FL 323083700
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**600121214676**  
03/25/08--01036--004 \*\*138.75

**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: CG. FARMER - MGRM 3/24/08 850-386-2522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #