2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008
Secretary of State

DOCUMENT# L03000050089

Entity Name: ST. VINCENT POINT, LLC

Current Principal Place of Business:

5269 QUAIL VALLEY ROAD
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

5269 QUAIL VALLEY ROAD
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 20-0465343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAHN, PHILLIP M
5269 QUAIL V ALLEY ROAD
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HAHN, PHILIP M
Address: 5269 QUAIL VALLEY ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM ( ) Delete
Name: DRUMMOND, DAVID J
Address: 415 PLUMOUTH ROAD S.E.
City-St-Zip: GRAND RAPIDS, MI 49506

Title: MGRM ( ) Delete
Name: ROY, WEST D
Address: 6105 QUAIL VALLEY RD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: DRUMMOND, DAVID J
Address: 415 PLYMOUTH ROAD S.E.
City-St-Zip: GRAND RAPIDS, MI 49506

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID J. DRUMMOND MGRM 02/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date