

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056201

FILED
Jan 04, 2006
Secretary of State

Entity Name: PIERPOINT PROPERTIES, LLC

Current Principal Place of Business:

207 W. PARK AVENUE
SUITE B
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

207 W. PARK AVENUE, SUITE B
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 56-2444055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARD, SHIRLEY & HARTMAN, P.A.
207 W. PARK AVENUE, SUITE B
TALLAHASSEE, FL 32301 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: COX, RONALD
Address: 207 W. PARK AVE., SUITE B
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGRM () Delete
Name: HARTMAN, DANIEL W
Address: 207 W. PARK AVE., SUITE B
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGRM () Delete
Name: CHARLES, WEBB R
Address: 207 W. PARK AVE., SUITE B
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL W HARTMAN

MGRM

01/04/2006

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