


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90171 040 ****55.00

DOCUMENT # L04000013685	
1. Entity Name DESIGN POINT HOMES, LLC	

Principal Place of Business 6004 PICKWICK ROAD TALLAHASSEE FL 32309	Mailing Address 6753 THOMASVILLE ROAD SUITE 108-134 TALLAHASSEE FL 32312
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2. Principal Place of Business - No P.O. Box # 6004 Pickwick Rd. Suite, Apt. #, etc. Talla., FL.	3. Mailing Address 6753 Thomasville Rd. Suite, Apt. #, etc. Suite 108-134 Talla., FL.
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1st MOORE CR2E083 (10/06)

City & State Talla., FL.	City & State Talla., FL.
Zip 32309	Zip 32312
Country USA.	Country USA.

4. FEI Number 77-0622993	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ASHLEY, LAURIE H 6004 PICKWICK ROAD TALLAHASSEE FL 32309
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 <u>Laurie H. Ashley</u> DATE <u>3-7-07</u>
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007
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9. MANAGING MEMBERS/MANAGERS																									
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Laurie H. Ashley</u>	Date: <u>3-7-07</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Daytime Phone #</small>