2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 08, 2008 08:00 AM
Secretary of State

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

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6004 Pickwick Rd	6753 Thomasville Rd #108-134
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32309 Country: USA	Zip: 32312 Country: USA

4. FEI Number 77-0622993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ASHLEY, LAURIE H
6004 PICKWICK ROAD
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) Same
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 N/A
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
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO ASHLEY, LAURIE H 6004 PICKWICK ROAD TALLAHASSEE FL 32309 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition U00000886911 04/18/08--00076--020 143.75
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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: Laurie H. Ashley Laurie H. Ashley 4-7-08 (850) 524-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #