# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 03, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L04000019608

1. Entity Name
THE POINTE, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 2033 MAIN STREET<br>SUITE 405<br>SARASOTA, FL 34237 US | 2033 MAIN STREET<br>SUITE 405<br>SARASOTA, FL 34237 US |

DO NOT WRITE IN THIS SPACE

01302006No Chg-LLC CR2E083 (11/05)

4. FEI Number
01-0810353

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HILLIER, ROBERT
2033 MAIN STREET
405
SARASOTA, FL 34237

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

**Filing Fee is $50.00**
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | WESTMAN, PAULINE M |
| STREET ADDRESS | 4425 THOMAS DR, PH - 5 |
| CITY-ST-ZIP | PANAMA CITY BEACH, FL 32408 |
| TITLE | MGRM |
| NAME | WESTMAN, RON |
| STREET ADDRESS | 4425 THOMAS DR, PH - 5 |
| CITY-ST-ZIP | PANAMA CITY BEACH, FL 32408 |
| TITLE | MGR |
| NAME | WILSON, DON |
| STREET ADDRESS | 101 N. MAIN |
| CITY-ST-ZIP | BERRIEN SPRINGS, MI |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000417955
02/13/06-80077-007 50.00

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:** Don L Wilson Don L Wilson, Manager 1/30/06 269-473-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #