

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019608

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE POINTE, LLC

Current Principal Place of Business:

2033 MAIN STREET
SUITE 405
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

2033 MAIN STREET
SUITE 405
SARASOTA, FL 34237 US

New Mailing Address:

FEI Number: 01-0810353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLIER, ROBERT
2033 MAIN STREET
405
SARASOTA, FL 34237 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: WESTMAN, PAULINE M
Address: 4425 THOMAS DR, PH - 5
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: MGRM () Delete
Name: WESTMAN, RON
Address: 4425 THOMAS DR, PH - 5
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: MGR () Delete
Name: WILSON, DON
Address: 101 N. MAIN
City-St-Zip: BERRIEN SPRINGS, MI US

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: WILSON, DON L
Address: 101 N. MAIN
City-St-Zip: BERRIEN SPRINGS, MI US

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: DON L. WILSON

MGR

04/28/2009

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