

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022522

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: CENTRE POINTE INVESTMENTS, LLC

## Current Principal Place of Business:

P.O. BOX 13633  
TALLAHASSEE, FL 32317

## New Principal Place of Business:

226 N DUVAL  
TALLAHASSEE, FL 32301

## Current Mailing Address:

P.O. BOX 13633  
TALLAHASSEE, FL 32317

## New Mailing Address:

FEI Number: 20-0984962      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IGLER & DOUGHERTY, P.A.  
2457 CARE DRIVE  
TALLAHASSEE, FL 32308      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: DOUGHERTY, EDWARD W JR  
Address: 2457 CARE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete  
Name: GEEKER, VAN P  
Address: 2457 CARE DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete  
Name: HAUGHTON, HERBERT D  
Address: 2457 CARE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete  
Name: IGLER, A. GEORGE  
Address: 2457 CARE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete  
Name: PEARLMAN, RICHARD L  
Address: 2457 CARE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete  
Name: RUDNICK, JAMES M  
Address: 226 N DUVAL ST  
City-St-Zip: TALLAHASSEE, FL 32308

## 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:

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

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

Title: MGRM (X) Change ( ) Addition  
Name: RUDNICK, JAMES M  
Address: P O BOX 13633  
City-St-Zip: TALLAHASSEE, FL 32317

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: JAMES M. RUDNICK

MGRM

02/18/2009

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