


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90072 006 ****50.00

DOCUMENT # L04000025648	
1. Entity Name POINT WASHINGTON PARTNERS, LLC	

Principal Place of Business 3721 CHATTATEE PASS CIRCLE GAINESVILLE, GA 30506	Mailing Address 3721 CHATTATEE PASS CIRCLE GAINESVILLE, GA 30506
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2. Principal Place of Business 15500 Emerald Coast Pkwy Suite, Apt. #, etc. # 706 St. BARTH City & State Destin, Florida Zip 32541 Country USA	3. Mailing Address 15500 Emerald Coast Pkwy Suite, Apt. #, etc. # 706 St. BARTH City & State Destin, Florida Zip 32541 Country USA
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01082005 Chg-LLC CR2E083 (10/03)

4. FEI Number 75-3152400	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MCNEESE, RICHARD S 36468 EMERALD COAST PARKWAY SUITE 1201 DESTIN, FL 32541	
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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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHEWS, JAMES M 3721 CHATTATEE PASS CIRCLE GAINESVILLE, GA 30506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James M. Matthews  **2-16-05 404314-7404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #