

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034503

FILED  
Aug 10, 2005  
Secretary of State

Entity Name: CENTERPOINT HOMES, LLC

## Current Principal Place of Business:

1836 RENSSELAER DR  
WESLEY CHAPEL, FL 33543

## New Principal Place of Business:

5120 PURITAN RD  
TAMPA, FL 33617

## Current Mailing Address:

1836 RENSSELAER DR  
WESLEY CHAPEL, FL 33543

## New Mailing Address:

5120 PURITAN RD  
TAMPA, FL 33617

FEI Number: 26-3336381      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

GIFFEN, PATRICK L  
1836 RENSSELAER DR  
WESLEY CHAPEL, FL 33543      US

## Name and Address of New Registered Agent:

GIFFEN, PATRICK L  
5120 PURITAN RD  
TAMPA, FL 33617      US

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: PATRICK GIFFEN

08/10/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: GIFFEN, PATRICK L  
Address: 1836 RENSSELAER DR  
City-St-Zip: WESLEY CHAPEL, FL 33543

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: GIFFEN, PATRICK L  
Address: 5120 PURITAN RD  
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICK GIFFEN

MGR

08/10/2005

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