2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Apr 11, 2008 8:00 am Secretary of State 04-11-2008 90178 031 ***143.75 DOCUMENT #L04000037423 1. Entity Name POINTE ONE, LLC 60022043 Principal Place of Business Mailing Address 3512 7TH AVENUE SOUTH 3512 7TH AVENUE SOUTH BIRMINGHAM, AL 35222 BIRMINGHAM, AL 35222 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1400 Mc (rony Lane 1400 McCrony Lane Suite, Apt. #, etc. Suite, Apt. #, etc. 03312008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-1142317 Birmingham, Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 35216-35216 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURKE, LES WESQ. Street Address (P.O. Box Number is Not Acceptable) 221 MCKENZIE AVE. BURKE, BLUE & HUTCHISON, P.A. PANAMA CITY, FL 32401 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Delete TITLE Change : ☐ Addition **EVINS, LUCIUS S III** NAME NAME 1400 McCrary Lane STREET ADDRESS 3512 SEVENTH AVE. SOUTH STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35222 CITY-ST-ZIP 35216 AL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE Channe Channe TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Cun SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **FILED**