2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 24, 2005 8:00 am Secretary of State 01-24-2005 90106 013 ****50.00

DOCUMENT # L04000040534 1. Entity Name POINTE II, LLC						01-24-2003	, , , 0, 100 0	13	30.00
Principal Plac	e of Business	Mailing Address							
3512 7TH AVENUE SOUTH BIRMINGHAM, AL 35222		3512 7TH AVENUE SOUTH BIRMINGHAM, AL 35222			# (P9 P B	asın sısın selli esili əbili	88 8 8 	SIIRS IMI RIE	11 1 111 1 12 1
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072005	Chg-LLC	CR2E083	<u> </u>		
City & State		City & State		4. FEI Numbe	1187413		No	plied For t Applicable	
Zip	Country Zip Cou		Countr	у		of Status Desired	Fe	5.00 Add e Required	
التحميد شر	6. Name and Address of Current I	egistered Agent Name		- Name	7. Name and Address of New Registered Agent				
BURKE, LES W ESQ.			L						
BURKE, B 221 MCKE	LUE & HUTCHISON, P.A. :NZIE AVENUE	Street Addres		Street Address (F	P.O. Box Numbe	r is Not Acceptable)		
PANAMA (CITY, FL 32401	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 reinstating) DATE									
Fi Di	iling Fee is \$50.00 ue by May 1, 2005	()		Make check payable to Florida Department of State				•	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR	☐ Delete	TITLE	• •				Change	☐ Addition
NAME STREET ADDRESS			NAME STREET	T ADDRESS					
CITY-ST-ZIP			CITY-S	1					
TITLE		☐ Delete	TITLE				C	Change	☐ Addition
NAME Street Adoress			NAME	F ADDRESS					
CITY-ST-ZIP			CITY-S	1					
TITLE		☐ Delete	TITLE				[Change	Addition
NAME	•	-	NAME	r annocce		_			
STREET ADDRESS CITY+ST-ZIP	·		CITY-S	T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE		·		Ū] Change	☐ Addition
NAME			KAME	I ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-S	ı					
TITLE		☐ Delete	TITLE				כ] Change	Addition
NAME	,		NAME	T ADDRESS					
STREET ADDRESS CITY-ST-ZIP		~	CITY-S			**			
TITLE		☐ Delete	TITLE		· · ·	•.	C	Change	☐ Addition
NAME			NAME	l l					
STREET ADDRESS CITY-ST-ZIP		• •	CITY-S	T ADORESS ST-ZIP	•				ĺ
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 32 civer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: 1-18-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #									