2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 15, 2005 8:00 am Secretary of State

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DOCUMENT # L0400041375 1. Entity Name FALA POINTE DEVELOPERS, LLC							02-15-2005 90049 031 ****50.00				
Principal Place of Business 9399 WEST COMMERCIAL BLVD. SUNRISE, FL 33351			Mailing Address 9399 WEST COMMERCIAL BLVD. SUNRISE, FL 33351		1 18 8 17 21 4	20010805					
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02112005	Chg-LLC	CR2E08	33 (10/03)		
City & State			City & State			4. FEI Numb	oer 0-02630 C	5		plied For t Applicable	
Zip		Country Zip Cour			try		e of Status Desired		5.00 Add ee Required		
	6. Name	and Address of Current	Registered Agent		Nome	7. Name an	d Address of New R	egistered A	gent		
ALTINO, VINCENT J ESQ. 2101 WEST COMMERCIAL BLVD.					Name Street Address (P.O. Box Number is Not Acceptable)						
SUITE 4100 FT. LAUDERDALE, FL 33309											
					City		FL Zip Code				
	named entity tions of regist		r the purpose of changing its	registere	ed office or regi	istered agent, or b	oth, in the State of Flo	vrida. I am ta	amiliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT)	E: Registered	d Agent signature rec	quired when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2005							Make check payable to Florida Department of State				
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TATE	MGRM		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME				NAM							
STREET ADDRESS CITY-ST-ZIP		ST COMMERCIAL BLVI :, FL 33351	J.		ET ADDRESS - ST - ZIP						
TITLE	MGRM	., 12 00001	☐ Delete	TITLE					[7] Change	Addition	
NAME		S. DOBOS, INC.	police	NAM	1						
STREET ADDRESS	2720 EAS	T OAKLAND PARK BL	VD. SUITE 106		ET ADDRESS						
CITY-ST-ZIP	FT. LAUD	ERDALE, FL 33306		CITY	-SI-ZIP						
TITLE			Delete	TITLE					☐ Change	Addition	
NAME - STREET ADDRESS			•	- NAM STRE	ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE			П	11111	:				☐ Change	Addition	
NAME			☐ Delete								
STREET ADORESS CITY-ST-ZIP			☐ Delete	NAM	ı						
			∟) Delete	STRE	E ET ADORESS -ST-ZIP						
TITLE				STRE	ET ADORESS -ST-ZIP				☐ Change	☐ Addition	
TITLE NAME			□ Delete	STRE	ET ADDRESS -ST - ZIP				☐ Change	Addition	
NAME Street adoress				STRE CITY TITLE NAM STRE	ET ADORESS -ST-ZIP E E ET ADORESS				☐ Change	Addition	
NAME				STRE CITY TITLE NAM STRE	ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP				☐ Change	Addition	

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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: X B X	2/11/05	773-731-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	VE Date	Daytime Phone #