

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000041375

1. Entry Name
 FALA POINTE DEVELOPERS, LLC



Principal Place of Business
 9399 WEST COMMERCIAL BLVD.
 SUNRISE, FL 33351

Mailing Address
 9399 WEST COMMERCIAL BLVD.
 SUNRISE, FL 33351



04192006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0263005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALTINO, VINCENT J ESQ.
 2101 WEST COMMERCIAL BLVD.
 SUITE 4100
 FT. LAUDERDALE, FL 33309

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

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EAST SIDE FINANCIAL REAL ESTATE DEVELOPMEN 9399 WEST COMMERCIAL BLVD. SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOSEPH S. DOBOS, INC. 2720 EAST OAKLAND PARK BLVD. SUITE 106 FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 05/06/06-80014-009 50.00

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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.

SIGNATURE: *[Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____