

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000041375**

1. Entity 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**



04162007 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 ☐ **\$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**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000724217  
05/02/07-80099-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** B. K.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4-16-07**

Date

Daytime Phone #