


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



03122008No Chg-LLC CR2E083 (12/07)

4. FEI Number 30-0263005	Applied For Not Applicable
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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

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000860351
 04/02/08-80060-001 138.75

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: B. K. [Signature] 3-12-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #