2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2005
Secretary of State

DOCUMENT# L04000042259

Entity Name: NORTH POINTE CENTER LLC

Current Principal Place of Business:

87 TUPELO DRIVE
CRAWFORDVILLE,, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 208
CRAWFORDVILLE, FL 32326 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHUFF, JOHN W III
87 TUPELO DRIVE
CRAWFORDVILLE, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: YAWN, RAY
Address: 213 DAUGHTRY DR.
City-St-Zip: SOPCHOPPY, FL 32358

Title: MGR ( ) Change (X) Addition
Name: SHUFF, JOHN
Address: 87 TUPELO DR.
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN SHUFF MGR 03/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date