

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042259

FILED
Apr 09, 2008
Secretary of State

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: 20-4813257

FEI Number Applied For ()

FEI Number Not Applicable ()

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:

SHUFF, JOHN W III
87 TUPELO DRIVE
CRAWFORDVILLE, FL 32327 US

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:

04/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOSEPH R. YAWN

MGR

04/09/2008

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