2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000044928

1. Entity Name SUWANNEE POINT, LLC



Principal Place of Business

Mailing Address

3760 NORTHWEST 83RD STREET SUITE ONE

3760 NORTHWEST 83RD STREET SUITE ONE

GAINESVILLE, FL 32606

GAINESVILLE, FL 32606

FILED Jan 18, 2007 8:00 am Secretary of State

01-18-2007 90017 002 ****50.00



01162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 43-2057342 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HODOR, ANDREW G 3760 NORTHWEST-83RD STREET SUITE ONE GAINESVILLE, FL 32606

DC	NOT	WRITE
IN	THIS	SPACE

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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 game of registered agent and title if applicable. (NOTE: Re-		OTE: Registered Agent signature required when reinstating) OATE	
Filing Fee Is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HODOR, ANDREW G 3760 NORTHWEST 83RD STREET SUITE ONE GAINESVILLE, FL 32606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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 preciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

<u>336:</u>