

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049263

FILED
May 04, 2005
Secretary of State

Entity Name: REGATTA POINTE INVESTMENTS, LLC

Current Principal Place of Business:

1001 3RD AVE. W, STE. 500
BRADENTON, FL 34205

New Principal Place of Business:

1001 3RD AVE. W, STE. 500
SUITE 200
BRADENTON, FL 34205

Current Mailing Address:

1001 3RD AVE. W, STE. 500
BRADENTON, FL 34205

New Mailing Address:

1001 3RD AVE. W, STE. 500
SUITE 200
BRADENTON, FL 34205

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VOGLER, EDWARD II
VOGLER ASHTON, PLLC
1001 3RD AVE. W., STE. 500
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

VAN DERNOORD, HARRY
1001 RIVERSIDE DRIVE
SUITE 200
PALMETTO, FL 34221 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: HARRY VAN DERNOORD

05/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: VAN DERNOORD, HARRY
Address: 1001 RIVERSIDE DRIVE SUITE 200
City-St-Zip: PALMETTO, FL 34221

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: HARRY VAN DERNOORD

MGR

05/04/2005

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