

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052417

FILED
Jan 15, 2006
Secretary of State

Entity Name: POINTE WEST, LLC

Current Principal Place of Business:

462 MANGROVE COURT
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

462 MANGROVE COURT
LAKE MARY, FL 32746

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:

GAMBLE, GARY E MR.
462 MANGROVE CT.
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

GAMBLE, GARY E MR.
462 MANGROVE COURT
LAKE MARY, FL 32746 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: GARY GAMBLE

01/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GAMBLE, GARY E MR.
Address: 462 MANGROVE COURT
City-St-Zip: LAKE MARY, FL 32746

Title: MGR (X) Delete
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City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

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

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

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

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

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 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: GARY GAMBLE

MGR

01/15/2006

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