FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90288 003 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000053039

1. Entity Name
FOUR POINTS REALTY MANAGEMENT, LLC

40040998

Principal Place of Business	Mailing Address
103 N. MERIDIAN STREET TALLAHASSEE, FL 32301	103 N. MERIDIAN STREET TALLAHASSEE, FL 32301

03222005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		P.O. BOX 502670	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: ST. THOMAS VI	
Zip	Country	Zip: 00802	Country

4. FEI Number: 01-0817799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
103 NORTH MERIDIAN STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	KLEINFELD, DENIS A		NAME		
STREET ADDRESS	43-46 NORRE GADE STE. 220 GRAND CALLERIA		STREET ADDRESS	2 GA RIDGE ROAD	
CITY-ST-ZIP	ST. THOMAS, USVI 00802,		CITY-ST-ZIP	ST. THOMAS, VI 00802	
TITLE	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	FORD, LEO		NAME		
STREET ADDRESS	43-46 NORRE GADE STE. 220 GRAND CALLERIA		STREET ADDRESS	2 GA RIDGE ROAD	
CITY-ST-ZIP	ST. THOMAS, USVI 00802,		CITY-ST-ZIP	ST. THOMAS, VI 00802	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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.

JEANNE E. HUDSON

SIGNATURE: Jeanne E. Hudson, CPA 3-22-05 340-715-4032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #