2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L0400053039 1. Entity Name					03-28-2005 90288 003 ****50.00					
FOUR POINTS REALTY MANAGEMENT, LLC										
Principal Place	e of Rusiness	Mailing Address				Anna	0998			
103 N. MERIDIAN STREET		103 N. MERIDIAN STREET		ŀ		1003	0000			
TALLAHASSE	E, FL 32301	TALLAHASSEE, FL 32301		ŀ	4 (BB)(BH B)	6810 BISH 8811 #4	ır: 48ı ii 63 l 3ı 6 l1 63 i	mi sers mis m		
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		P.O. BOX 502670 Suite, Apt. #, etc.								
					03222005	Chg-LLC	CR2E	083 (10/03)		
City & State	6	City & State ST. THOMAS	5. VI		4. FEI Numbe	0817	799) + -	plied For Applicable	
Zip	Country	Zip MRM2	Country		5. Certificate	of Status Desir	ed 🗌	\$5.00 Add		
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of N	ew Registered	· -		
0000000	FOT 4.051/TO INIO		Name				·		•	
CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET			Street A	Street Address (P.O. Box Number is Not Acceptable)						
TALLAHAS	SSEE, FL 32301									
			City			· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	9	
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office or	registere	d agent, or bo	th, in the State	of Florida. 1 am	familiar with,	and accept	
SIGNATURE .	N	ANOVE D		· · · · · ·			0.115			
	Signature, typed or printed name of registered agent a	nd tibe ir applicable. (NOTE: He	egistered Agent signat	nue Lechnaeq A	when reinstating)		DATE			
Fi Di	iling Fee Is \$50.00 ue by May 1, 2005						Make check p orida Departm		•	
Fi Di	ue by May 1, 2005 MANAGING MEMBE	RS/MANAGERS	10.			Flo		ent of State	•	
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9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM KLEINFELD, DENIS A 43-46 NORRE GADE STE. 220 G	☐ Delete	TITLE NAME STREET ADDRESS		A RIDGE	ADDITION ROAD	orida Departn	ent of State		
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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: Deanne E. Audson CPA 3-22-05 340-7/5-4032

SIGNATURE: Designature and Typed OR Printed Name OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Designature

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