2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# L04000057996

Entity Name: MAGUIRE POINTE, LLC

Current Principal Place of Business:

2 WEST OAKLAND AVE
200
OAKLAND, FL 34760 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1040
OAKLAND, FL 34760 US

New Mailing Address:

FEI Number: 20-1452419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ETCHISON, MICHAEL J
2 WEST OAKLAND AVENUE
SUITE 200
OAKLAND, FL 34760 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	AMY RUTH ETCHISON RE, VOCABLE TRUST	
Address:	2 WEST OAKLAND AVE STE 200	
City-St-Zip:	OAKLAND, FL 34760	
Title:	MGR	( ) Delete
Name:	PATRICIA O MARTIN RE, VOCABLE TRUST	
Address:	2 WEST OAKLAND AVE STE 100	
City-St-Zip:	OAKLAND, FL 34760	
Title:	MGRM	( ) Delete
Name:	MICHAEL J ETCHISON A, S TRUSTEE AMY' S TRUST	
Address:	2 WEST OAKLAND AVENUE SUITE 200	
City-St-Zip:	OAKLAND, FL 34760	
Title:	MGRM	( ) Delete
Name:	KENNETH R MARTIN AS, TRUSTEE PAT'S T RUST	
Address:	2 WEST OAKLAND AVENUE SUITE 100	
City-St-Zip:	OAKLAND, FL 34760	

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:	

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL J ETCHISON MGRM 03/31/2008

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