

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057996

Entity Name: MAGUIRE POINTE, LLC

FILED
Apr 27, 2011
Secretary of State

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
Name: AMY RUTH ETCHISON REVOCABLE TRUST
Address: 2 WEST OAKLAND AVE STE 200
City-St-Zip: OAKLAND, FL 34760

Title: MGR
Name: PATRICIA O MARTIN REVOCABLE TRUST
Address: 2 WEST OAKLAND AVE STE 100
City-St-Zip: OAKLAND, FL 34760

Title: MGRM
Name: MICHAEL J ETCHISON AS TRUSTEE AMY'S TRUST
Address: 2 WEST OAKLAND AVENUE SUITE 200
City-St-Zip: OAKLAND, FL 34760

Title: MGRM
Name: KENNETH R MARTIN AS TRUSTEE PAT'S TRUST
Address: 2 WEST OAKLAND AVENUE SUITE 100
City-St-Zip: OAKLAND, FL 34760

I hereby 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

04/27/2011

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