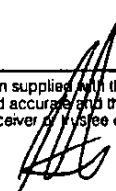


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-03-2005 90023 012 ****50.00
L04000061529

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 18 PM 3:00

DOCUMENT # L04000061529 1. Entity Name SAILBOAT POINTE HOLDINGS, LLC					
Principal Place of Business 3822 W. 12TH AVENUE HIALEAH, FL 33012			Mailing Address 3822 W. 12TH AVENUE HIALEAH, FL 33012		
2. Principal Place of Business 3857 W. 16 AVE		3. Mailing Address 3857 W. 16 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HIALEAH,		City & State HIALEAH		4. FFI Number 03-0549332	
Zip FL 33012		Zip FL 33012		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LESTER, PAUL A 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134			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 _____ (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 Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. Fieldstone, Ronald 201 ALHAMBRA CIRC. # 601 CORAL GABLES, FL 33134 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. TOMAS CABRELA 6340 SUNSET DR. MIAMI FL 33143 ☒ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied on 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.					
SIGNATURE: 			RONALD R. FIELDSTONE MANAGER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/28/05 Daytime Phone # 305 357 1001		