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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 18 PM 3:00

04202005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000061529

1. Entity Name
SAILBOAT POINTE HOLDINGS, LLC

Principal Place of Business	Mailing Address
3822 W. 12TH AVENUE HIALEAH, FL 33012	3822 W. 12TH AVENUE HIALEAH, FL 33012

2. Principal Place of Business	3. Mailing Address
3857 W. 16 AVE	3857 W. 16 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH,	City & State: HIALEAH
Zip: FL. Country: 33012	Zip: FL. Country: 33012

4. FEI Number: 03-0519332 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LESTER, PAUL A 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134	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 NAME STREET ADDRESS CITY-ST-ZIP	MGR. ☒ ADDITION ☐ Delete Fieldstone, Ronald 201 ALHAMBRA CIRC. # 601 CORAL GABLES, FL. 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Delete ☒ ~~Change~~ ☒ Addition TOMAS CABRERIZO 6340 SUNSET DR. MIAMI FL 33143
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
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 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.

SIGNATURE: RONALD R FIELDSTONE MANAGER 4/28/05 305 357 1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #