

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90313 030 \*\*\*\*50.00

**DOCUMENT # L04000061531**

1. Entity Name  
SAILBOAT POINTE, LLC



Principal Place of Business  
3857 W. 16 AVE.  
HIALEAH, FL 33012

Mailing Address  
3857 W. 16 AVE.  
HIALEAH, FL 33012

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-1927177

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, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME FIELDSTONE, RONALD ☒ Delete  
STREET ADDRESS 201 ALHAMBRA CIR. #601  
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE MGR.  
NAME TOMAS CABRERIZO ☐ Change ☒ Addition  
STREET ADDRESS 6340 SUNSET DRIVE  
CITY - ST - ZIP MIAMI, FL 33143

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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TITLE  
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TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

TOMAS CABRERIZO, MGR. 04/23/07 305-779-8074