

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

02-04-2005 90101 050 ****55.00

DOCUMENT # L04000071075					
1. Entity Name CW POINTE, LLC					
Principal Place of Business 206 S. BRAND BOULEVARD GLENDALE, CA 91204			Mailing Address 206 S. BRAND BOULEVARD GLENDALE, CA 91204		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. Name and Address of Current Registered Agent RIVELLINI, PETER A 911 CHESTNUT STREET CLEARWATER, FL 33756					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 _____					
Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKE, KEVIN 206 S BRAND BLVD GLENDALE, CA 91204 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTOS, ROBERTO 206 S BRAND BLVD GLENDALE, CA 91204 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAFIE, ELIS 206 S BRAND BLVD GLENDALE, CA 91204 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALAME, MARCOS 206 S BRAND BLVD GLENDALE, CA 91204 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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: _____ DATE _____ Daytime Phone # _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					