


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am.
Secretary of State

05-12-2005 90031 022 ****50.00

DOCUMENT # L04000078019 1. Entity Name PIER POINT, LLC					
Principal Place of Business ONE INDEPENDENT DRIVE STE. 114 JACKSONVILLE, FL 32202			Mailing Address ONE INDEPENDENT DRIVE STE. 114 JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		04262005 Chg-LLC		CR2E083 (10/03)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
INTREPID REGISTERED AGENT SERVICES, LLC 225 WATER STREET STE. 2020 JACKSONVILLE FL 32202			Name <u>William G. Evans</u> Street Address (P.O. Box Number is Not Acceptable) <u>One Independent Dr., Suite 114</u> City <u>Jacksonville</u> FL <u>32202</u>		
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 <u>William G. Evans, Principal (William G. Evans)</u> DATE <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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	<u>Managing Member</u> <u>Pier Capital, LLC</u> <u>One Independent Dr., Suite 114</u> <u>Jacksonville, FL 32202</u>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>William G. Evans, Principal</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/28/05</u>		Daytime Phone # <u>(904) 356-1978</u>

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