

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000079225	
1. Entity Name BALDPOINTE, LIMITED LIABILITY COMPANY	
	
Principal Place of Business 3988 PINTA COURT TALLAHASSEE, FL 32303 US	Mailing Address 3988 PINTA COURT TALLAHASSEE, FL 32303 US

FILED
06 SEP -6 PH 4:52
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



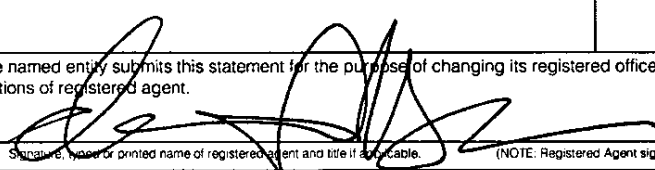
08232006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number 54-2161793	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FILLYAU, DANTE D 3988 PINTA COURT TALLAHASSEE, FL 32303	DO NOT WRITE IN THIS SPACE
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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  DATE _____
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

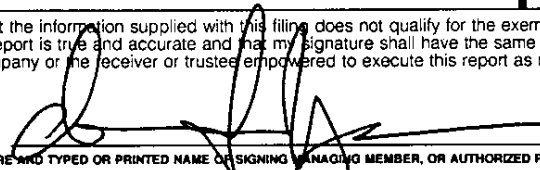
**Filing Fee Is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FILLYAU, DANTE D 3988 PINTA COURT TALLAHASSEE, FL 32303
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**DO NOT WRITE
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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, OR AUTHORIZED REPRESENTATIVE**

9/6/06 **239 560 5935**
Date Daytime Phone #