2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000081196

1. Entity Name

CITYPOINTE DEVELOPMENT, LLC



Principal Place of Business

C/O JOHN A MORAN 1990 MAIN ST STE 700 SARASOTA, FL 34236 Mailing Address

C/O JOHN A MORAN P O BOX 3948 SARASOTA, FL 34236

FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90044 043 ****50.00



04162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For	
20-1879338	Not Applicable	
E. Cortificate of Status Desired	\$5.00 Additional	

Certificate of Status Desired

Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

MORAN ESQ, MORAN A 1990 MAIN ST STE 700 SARASOTA, FL 34236

SIGNATURE:

SIGNATURE

D TYPED OR PRINTED NAME

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8. The above the obligat	named entity submits this statement for the purpose of chanions of registered agent.	nging its registered office	or registered agent, or both, in the St	ate of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent sign	ature required when reinstating)	DATE	
Fi	ling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOREHEAD, WAYNE 343 CARUSO COURT ATLANTA, GA 30350				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CHY-ST-ZIP			DO NO	Γ WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing foes 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 peoprt as required by Chapter 608, Florida Statutes.					

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE