

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009220

FILED
Jul 18, 2007
Secretary of State

Entity Name: TRI-POINTE PROPERTIES OF S.W. FLORIDA, LLC

Current Principal Place of Business:

99 NESBIT STREET
C/O GARY KAHLE
PUNTA GORDA, FL 33950

New Principal Place of Business:

C/O GARY A. KAHLE
99 NESBIT STREET
PUNTA GORDA, FL 33950

Current Mailing Address:

99 NESBIT STREET
C/O GARY KAHLE
PUNTA GORDA, FL 33950

New Mailing Address:

C/O GARY A. KAHLE
99 NESBIT STREET
PUNTA GORDA, FL 33950

FEI Number: 20-2787289 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KAHLE, GARY A
99 NESBIT STREET
FARR, FARR, EMERICH, HACKETT AND CARR
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

KAHLE, GARY A
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

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.

SIGNATURE: _____

07/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EDBROOKE, CHRISTOPHER J
Address: 798 CAPISTRANO DR
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER J. EDBROOKE

MGR

07/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date