

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000011982**  
 1. Entity Name  
**PRIMERA POINTE PARTNERS, L.L.C.**



Principal Place of Business 255 PRIMERA BOULEVARD, SUITE 160 LAKE MARY, FL 32746	Mailing Address 255 PRIMERA BOULEVARD, SUITE 160 LAKE MARY, FL 32746
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**DO NOT WRITE IN THIS SPACE**



04102008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-2270364	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

TALLEY, JAMES M  
 20 NORTH ORANGE AVENUE, SUITE 1500  
 ORLANDO, FL FL328-01

**DO NOT WRITE IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

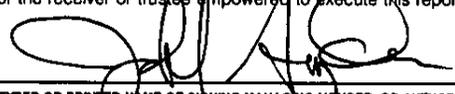
000000311493  
 05/07/08-80042-016 143.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISCHER, KENNETH M 255 PRIMERA BOULEVARD, SUITE 160 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **4/10/8** 4078752120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #