

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # L05000043383

1. Entity Name

GFI SKYPOINT INVESTORS, LLC



Principal Place of Business

101 S. FRANKLIN STREET, SUITE 101
TAMPA, FL 33602

Mailing Address

101 S. FRANKLIN STREET, SUITE 101
TAMPA, FL 33602



03262007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2777092

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GARDNER, J. STEPHEN 101 S.
FRANKLIN STREET, SUITE 101
TAMPA, FL 33602

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GARDNER, J STEPHEN
101 S FRANKLIN ST STE 101
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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000000714065
04/27/07-80003-002 50.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/4/07

Date

813.676.8000

Daytime Phone #