

50

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000043485

1. Entity Name
SKYPOINT INVESTORS, LLC



Principal Place of Business
100 EAST MADISON STREET, SUITE 100-A
TAMPA, FL 33602

Mailing Address
100 EAST MADISON STREET, SUITE 100-A
TAMPA, FL 33602

FILED
06 MAY 15 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
601 N. ASHLEY

3. Mailing Address
601 N. ASHLEY

Suite, Apt. #, etc.
SUITE 600

Suite, Apt. #, etc.
SUITE 600

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33602

Country
HILLSBOROUGH

Zip
33602

Country
HILLSBOROUGH

04132006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-8791262

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

F & L CORP
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MANAGER
NOVARE SKYPOINT INVESTORS, LLC
817 W. PEACHTREE STREET, NW, SUITE 601
ATLANTA, GA 30308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400075546904
05/31/06--01010--012 **822.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #