

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049774

FILED
Apr 11, 2009
Secretary of State

Entity Name: POINTE PARADISE OF ANNA MARIA, LLC

Current Principal Place of Business:

6515 BLUE GROSBEAK CIRCLE
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

6515 BLUE GROSBEAK CIRCLE
BRADENTON, FL 34202

New Mailing Address:

FEI Number: 56-2516376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM JARRMA
6515 BLUE GROSBEAK CIRCLE
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

WILLIAM JAREMA
6515 BLUE GROSBEAK CIRCLE
BRADENTON, FL 34202 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: WILLIAM JAREMA

04/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JARRMA, WILLIAM
Address: 6515 BLUE GROSBEAK CIRCLE
City-St-Zip: BRADENTON, FL 34202

Title: MGRM () Delete
Name: JARRMA, LAURIE K
Address: 6515 BLUE GROSBEAK CIRCLE
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JAREMA, WILLIAM
Address: 6515 BLUE GROSBEAK CIRCLE
City-St-Zip: BRADENTON, FL 34202

Title: MGRM (X) Change () Addition
Name: JAREMA, LAURIE K
Address: 6515 BLUE GROSBEAK CIRCLE
City-St-Zip: BRADENTON, FL 34202

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: WILLIAM JAREMA

MM

04/11/2009

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