

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

05-14-2008 90084 001 ***416.25

L05000052761

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -2 PM 1:21

DOCUMENT # L05000052761 1. Entity Name WESTPOINTS REALTY GROUP, LLC					
Principal Place of Business 1004 COLLIER CENTER WAY SUITE 100 NAPLES, FL 34110			Mailing Address 1004 COLLIER CENTER WAY SUITE 100 NAPLES, FL 34110		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04292008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-3040354				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent	
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.	
BAILEY, RONALD JR. 2241 IMPERIAL GOLF COURSE NAPLES, FL 34110				Name Salvatori & Wood, PL Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Trail North Suite 330 City Naples FL Zip Code 34103	
SIGNATURE _____ Signature, handwritten name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)				DATE 5/1/08	
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, JOHN C II 1004 COLLIER CENTER WAY, SUITE 100 NAPLES, FL 34110	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, MATTHEW 1004 COLLIER CENTER WAY, SUITE 100 NAPLES, FL 34110	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, JOHN SR 1004 COLLIER CENTER WAY, SUITE 100 NAPLES, FL 34110	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAILEY, RONALD JR 2241 IMPERIAL GOLF COURSE NAPLES, FL 34110	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORGART, MITCHELL 2919 REGATTA ROAD NAPLES, FL 34103	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORGART, MITCHELL 2919 REGATTA ROAD NAPLES, FL 34103	☐ Delete			
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 NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
DATE 5/1/08			Phone # _____		