


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90130 031 ****50.00

DOCUMENT # L05000056970	
1. Entity Name FIVE POINTS RESIDENTIAL INVESTMENTS LLC	

Principal Place of Business 707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236	Mailing Address 707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236
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60023970



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Su 50 Central Ave. Suite 900 Sarasota, FL 34236	Si 50 Central Ave. Suite 900 Sarasota, FL 34236
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02202007 Chg-LLC CR2E083 (12/06)

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4. FEI Number 03-0566997	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TOSCH, JOHN E ESQ. 707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236	
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7. Name and Address of New Registered Agent	
Name 50 Central Ave. Suite 900	
Str Sarasota, FL 34236	eptable)
City FL	Zip Code


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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCHANAN, VERNON G 707 S WASHINGTON BLVD SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 Central Ave. Suite 900 Sarasota, FL 34236 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TOSCH, JOHN 707 S WASHINGTON BLVD SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 Central Ave. Suite 900 Sarasota, FL 34236 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HITEMAN, STEVE 707 S WASHINGTON BLVD SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 Central Ave. Suite 900 Sarasota, FL 34236 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	3/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #