

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000062464**

1. Entity Name  
**POINT OF PALMS, LLC**



Principal Place of Business

**1521 SOUTH TAMiami TRAIL, SUITE 303  
VENICE, FL 34285**

Mailing Address

**1521 SOUTH TAMiami TRAIL, SUITE 303  
VENICE, FL 34285**



03162008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2981479**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**REEGLER, SARI LYNN  
REEGLER & TORNESE, P.A.  
1521 SOUTH TAMiami TRAIL, SUITE 304  
VENICE, FL 32485**

**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000875468  
04/11/08-80034-017 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	DOWD, JOHN F
STREET ADDRESS	1521 S. TAMiami TRAIL, #303
CITY-ST-ZIP	VENICE, FL 34285
TITLE	P
NAME	SWENSEN, SHERRI
STREET ADDRESS	15720 LAKELAND CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

**JOHN F. DOWD**

**3-28-08**

Date

**941-493-5299**

Daytime Phone #