

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90037 050 ****50.00

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1. Entity Name

ENCLAVE SABAL POINTE, LLC



Principal Place of Business

17621 SW 61ST COURT
SOUTHWEST RANCHES, FL 33331

Mailing Address

17621 SW 61ST COURT
SOUTHWEST RANCHES, FL 33331



01082007 No Chg-LLC

CR2E083 (11/05)

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4. 161733846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELAND, RUSSIN, HELLINGER & BUDWICK, P.A.
ATTN: MARK S. MELAND, ESQ.
200 S. BISCAYNE BLVD., 3000 WACHOVIA CTR
MIAMI, FL 33131

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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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR
GOLDSTEIN, LEROY M
17621 SW 61ST COURT
SOUTHWEST RANCHES, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #