

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000094599

1. Entity Name
THE POINTE, L.L.C.



Principal Place of Business
**2111 N. GOLFVIEW DRIVE
PLANT CITY, FL 33566**

Mailing Address
**2111 N. GOLFVIEW DRIVE
PLANT CITY, FL 33566**



03192008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3872039	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLOSSHEY, JENNIFER E
2111 N GOLFVIEW DR
PLANT CITY, FL 33566**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLOSSHEY FAMILY LIMITED PARTNERSHIP 2111 N GOLFVIEW DR PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLOSSHEY ENTERPRISES, INC. GENERAL PARTNER 2111 N GOLFVIEW DR PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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

Jennifer E Closshey

4/18/08 Date

(813) 754-5350

Daytime Phone #