


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # L05000094600**


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



Principal Place of Business      Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



03192008No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-3872110</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

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 \_\_\_\_\_ (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	
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**

000000923533  
05/18/08-80034-007 (277,50)

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:**  **Jennifer E Closshey**      **(813) 754-5350**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      **4/18/08**      Date      Daytime Phone #