

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094600

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE POINTE GROUP, L.L.C.

Current Principal Place of Business:

2111 N. GOLFVIEW DRIVE
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

2111 N. GOLFVIEW DRIVE
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 20-3872110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CLOSSHEY FAMILY LIMITED PARTNERSHIP
Address: 2111 N GOLFVIEW DR
City-St-Zip: PLANT CITY, FL 33566 US

Title: MGRM () Delete
Name: CLOSSHEY ENTERPRISES, INC. GENERAL PARTNER
Address: 2111 N GOLFVIEW DR
City-St-Zip: PLANT CITY, FL 33566 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

PRES

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date