



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000095114 1. Entity Name POINTE CONSTRUCTION, L.L.C.						FILED 07 APR 30 AM 10: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2111 N. GOLFVIEW DRIVE PLANT CITY, FL 33567				Mailing Address 2111 N. GOLFVIEW DRIVE PLANT CITY, FL 33567			
2. Principal Place of Business - No P.O. Box # 6311 Barton Rd. Suite, Apt. #, etc.		3. Mailing Address 6311 Barton Rd Suite, Apt. #, etc.					
City & State Plant City, FL		City & State Plant City, FL					
Zip 33565 Country USA		Zip 33565 Country USA					
4. FEI Number 20-3871836				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				04272007 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent SHOWALTER, ROBERT J 110 WEST REYNOLDS STREET SUITE 211 PLANT CITY, FL 33563				7. Name and Address of New Registered Agent Name Robert J. Showalter Street Address (P.O. Box Number is Not Acceptable) 6311 Barton Rd City Plant City FL Zip Code 33565			
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 Robert J. Showalter President DATE 4-27-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHOWALTER, ROBERT J 2015 CEDAR RUN PLANT CITY, FL 33563 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/MGRM Robert J. Showalter 6311 Barton Rd Plant City FL 33565 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Robert J. Showalter 4-27-2007 (813)763 0872 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							