


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90029 008 ****50.00

DOCUMENT # L05000098643					
1. Entity Name POINTE WEST PLAZA, LLC					
Principal Place of Business 8211 WEST BROWARD BLVD., SUITE 230 PLANTATION, FL 33324			Mailing Address 8211 WEST BROWARD BLVD., SUITE 230 PLANTATION, FL 33324		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. SUITE PH-2		Suite, Apt. #, etc. SUITE PH-2			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent ROSE, ELLEN ESQ. THERREL BAISDEN, P.A./SUNTRUST INTL CENTER ONE S.E. 3RD AVENUE, SUITE 2950 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Peter C. Gardner Street Address (P.O. Box Number is Not Acceptable) 8211 W. BROWARD BLVD #PH-2 City PLANTATION FL Zip Code 33324	
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 <u><i>Peter C. Gardner</i></u> DATE <u>3/13/06</u> <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, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u><i>Peter C. Gardner</i></u>			Date <u>3/13/06</u> Daytime Phone # <u>954 727-9335</u>		