

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101903

FILED  
Mar 16, 2007  
Secretary of State

Entity Name: FOX POINTE PROPERTIES, LLC

**Current Principal Place of Business:**

5745 SOUTHWEST 43RD STREET ROAD  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

5745 SOUTHWEST 43RD STREET ROAD  
OCALA, FL 34474

**New Mailing Address:**

FEI Number: 41-2187255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACKAY, DAVID L  
2801 SOUTHWEST COLLEGE ROAD, SUITE 9  
OCALA, FL 34474 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: MEMB ( ) Delete  
Name: LAWROSKI, MARY K  
Address: 5745 S.W. 43RD ST RD  
City-St-Zip: OCALA, FL 34474

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGMR ( ) Change (X) Addition  
Name: LAWROSKI, GREG E  
Address: 5745 SW 43 ST RD  
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY K LAWROSKI

MGMR

03/16/2007

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