2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# L05000101903

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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: MARY K. LAWROSKI MEMB 05/08/2008

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