



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000112600 1. Entity Name PINEPOINT PROPERTIES, LLC	
---	---

Principal Place of Business 632 DUNLAWTON AVENUE PORT ORANGE, FL 32127 US	Mailing Address PO BOX 290743 PORT ORANGE, FL 32129 US
---	--

DO NOT WRITE IN THIS SPACE



02142007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3820727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE
SUITE B
PORT ORANGE, FL 32127

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$50.00
Due by May 1, 2007**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUE, JOHN D 4312 PIONEER TRAIL SAMSULA, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIFFRA, ALLAN L 335 SPRING FOREST DRIVE NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDWELL, THOMAS E 6097 OXBOW BEND DRIVE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000642330
03/01/07-80031-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **2-17-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #