


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90036 050 \*\*\*\*50.00

**DOCUMENT # L06000003875**  
 1. Entity Name  
**SOUTHPOINTE COMMONS GROUP, LLC.**



Principal Place of Business Mailing Address  
 12185 SOUTH DIXIE HIGHWAY, MIAMI FL 33156 12185 SOUTH DIXIE HIGHWAY MIAMI FL 33156



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E083 (10/06)

4. FEI Number  
**01 - 0856 237**  
 Applied For Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HENRY SU, SIXTO  
 12185 SOUTH DIXIE HIGHWAY  
 MIAMI FL 33156**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 registering) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGR	Henry Su, Sixto	12185 S. Dixie Hwy.	Miami, FL 33156		<input checked="" type="checkbox"/>
MGR	Su, Sixto	12185 S. Dixie Hwy.	Miami, FL 33156		<input checked="" type="checkbox"/>
MGR	Su, James	12185 S. Dixie Hwy.	Miami, FL 33156		<input checked="" type="checkbox"/>
MGR	Su, David	12185 S. Dixie Hwy.	Miami, FL 33156		<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Henry Su **4/19/07** **(305) 251-7616**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #