

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90091 007 ***150.00

DOCUMENT # L06000106514

1. Entity Name
VIRGINIA POINTE 57 & 66, LLC



Principal Place of Business

~~6171 MID METRO DRIVE~~ 6241 Arc Way
~~SUITE 2~~
FT. MYERS, FL 33966

Mailing Address

~~6171 MID METRO DRIVE~~ 6241 Arc Way
~~SUITE 2~~
FT. MYERS, FL 33966

00000014



01112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FT. MYERS, FL 33902

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DIGBY, EMILIE V
STREET ADDRESS	6171 MID METRO DRIVE 6241 Arc Way
CITY-ST-ZIP	FT. MYERS, FL 33966

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**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: Emilie Digby 1-30-08 2392789955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #