


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90033 027 ****50.00

DOCUMENT # L06000118676							
1. Entity Name POINTE 16TH COURT ST. PETE, LLC							
Principal Place of Business 8211 WEST BROWARD BLVD., PH-2 PLANTATION, FL 33324			Mailing Address 8211 WEST BROWARD BLVD., PH-2 PLANTATION, FL 33324				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		03082007 Chg-LLC CR2E083 (12/06)			
Zip		Country		4. FEI Number 20-804115			
				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			7. Name and Address of New Registered Agent				
ROSE, ELLEN ESQ. THERREL BAISDEN, P.A. SUN TRUST INTL CENT ONE S.E. 3RD AVENUE, SUITE 2950 MIAMI, FL 33131			Name PETER C. GARDNER				
			Street Address (P.O. Box Number is Not Acceptable) 8211 W. BROWARD BLVD, PH-2				
			City PLANTATION			FL Zip Code 33324	
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 a registered agent.							
SIGNATURE <i>Peter C Gardner</i>				DATE 4/25/07			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	Peter C. Gardner			
STREET ADDRESS			STREET ADDRESS	8211 W. BROWARD BLVD, PH-2			
CITY - ST - ZIP			CITY - ST - ZIP	PLANTATION, FL 33324			
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	WILLIAM L. DRISCOLL			
STREET ADDRESS			STREET ADDRESS	8211 W. BROWARD BLVD, PH-2			
CITY - ST - ZIP			CITY - ST - ZIP	PLANTATION, FL 33324			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
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: <i>Peter C Gardner</i>				DATE 4/17/07 DAYTIME PHONE # 954 727-9335			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE DAYTIME PHONE #			