

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

Zip Country Zip Country

03082007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-804115 Applied For
Not Applicable

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

6. Name and Address of Current 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 registered agent.

SIGNATURE

Peter C. Gardner Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/07

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

Peter C. Gardner Change Addition
8211 W. BROWARD BLVD, PH-2
PLANTATION, FL 33324

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

D Change Addition
WILLIAM L. DRISCOLL
8211 W. BROWARD BLVD, PH-2
PLANTATION, FL 33324

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Peter C. Gardner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/07 954 727-9385

Date Daytime Phone #