


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 # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
03082007 Chg-LLC CR2E083 (12/06)				4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-8041115</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/> \$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	
7. Name and Address of New Registered Agent Name <u>PETER C. GARDNER</u> Street Address (P.O. Box Number is Not Acceptable) <u>8211 W. BROWARD BLVD, PH-2</u> City <u>PLANTATION</u> <u>FL</u> Zip Code <u>33324</u>				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 <u>Peter C. Gardner</u> DATE <u>4/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u>Peter C. Gardner</u> <u>4/17/07</u> <u>954 727-9335</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					