


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90015 048 ***138.75

DOCUMENT # L07000032593

1. Entity Name
POINTE GROUP ADVISORS, 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**

00041041



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

03062008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent
**ROSE, ESQ., ELLEN
 SUNTRUST INTERNATIONAL CENTER
 ONE S.E. 3RD AVENUE, STE 2950
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent
 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**

4. FEI Number
26-0162982 Applied For
 Not Applicable

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

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** DATE **4/18/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	P GARDNER, PETER C.	8211 W. BROWARD BLVD, PH-2	PLANTATION, FL 33324	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input 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 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** DATE **4/18/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE