

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032593

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** POINTE GROUP ADVISORS, LLC

**Current Principal Place of Business:**

8211 WEST BROWARD BLVD., PH-2  
PLANTATION, FL 33324

**New Principal Place of Business:**

8211 WEST BROWARD BLVD.  
SUITE #120  
PLANTATION, FL 33324

**Current Mailing Address:**

8211 WEST BROWARD BLVD., PH-2  
PLANTATION, FL 33324

**New Mailing Address:**

8211 WEST BROWARD BLVD.  
SUITE #120  
PLANTATION, FL 33324

FEI Number: 26-0162982

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARDNER, PETER C  
8211 W. BROWARD BLVD PH-2  
FORT LAUDERDALE, FL 33324 US

**Name and Address of New Registered Agent:**

GARDNER, PETER C  
8211 W. BROWARD BLVD  
SUITE #120  
PLANTATION, FL 33324 US

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.

SIGNATURE: PETER C. GARDNER

04/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: GARDNER, PETER C  
Address: 8211 W. BROWARD BLVD PH-2  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: GARDNER, PETER C  
Address: 8211 W. BROWARD BLVD #120  
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

P

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date