


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-24-2008 90015 034 ***138.75

DOCUMENT # L07000062285

1. Entity Name
POINTE GROVE ISLAND, LLC



Principal Place of Business ATTN: ELLEN ROSE ONE SOUTHEAST THIRD AVE., SUITE 2950 MIAMI, FL 33131	Mailing Address ATTN: ELLEN ROSE ONE SOUTHEAST THIRD AVE., SUITE 2950 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 8211 W. BROWARD BLVD	3. Mailing Address 8211 W. BROWARD BLVD
Suite, Apt. #, etc. PH-2	Suite, Apt. #, etc. PH-2
City & State PLANTATION, FL	City & State PLANTATION, FL
Zip 33324 Country USA	Zip 33324 Country USA

03062008 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent	
ROSE, ELLEN ESQ. C/O THERREL BAISDEN, P.A. ONE S.E. THIRD AVE., SUITE 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

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	P
STREET ADDRESS		STREET ADDRESS	PETER C. GARDNER
CITY-ST-ZIP		CITY-ST-ZIP	8211 W. BROWARD BLVD PH-2 PLANTATION, FL 33324
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D
STREET ADDRESS		STREET ADDRESS	WILLIAM L. DRISCOLL
CITY-ST-ZIP		CITY-ST-ZIP	8211 W. BROWARD BLVD, PH-2 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: *Peter C. Gardner* DATE **4/18/08**

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