

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109408

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: WAYPOINT HOMES, LLC

**Current Principal Place of Business:**

100 W. CYPRESS CREEK ROAD, SUITE 890  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

100 W. CYPRESS CREEK ROAD, SUITE 890  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 26-1365994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GREENSPOON MARDER, P.A.  
100 W. CYPRESS CREEK ROAD, SUITE 700  
FORT LAUDERDALE, FL 33309 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GROLL, JAYNE  
Address: 100 W. CYPRESS CREEK ROAD, SUITE 890  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR ( ) Delete  
Name: SCHWARTZ, LISA  
Address: 100 W. CYPRESS CREEK ROAD, SUITE 890  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES:**

Title: MS (X) Change ( ) Addition  
Name: GROLL, JAYNE  
Address: 100 W. CYPRESS CREEK ROAD, SUITE 890  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAYNE GROLL

MS

03/20/2009

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