

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000079852

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** LAUREL POINTE APARTMENTS GP, LLC

**Current Principal Place of Business:**

4300 MARSH LANDING BLVD.  
#101  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

8933 WESTERN WAY  
#14  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4300 MARSH LANDING BLVD.  
#101  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

8933 WESTERN WAY  
#14  
JACKSONVILLE, FL 32256

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

CVERCKO, ALEXANDER B  
12170 CEDAR TRACE DR. S.  
JACKSONVILLE, FL 32246    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:                      MR.  
Name:                    FINLAY, CHRISTOPHER PRES  
Address:                8933 WESTERN WAY #14  
City-St-Zip:           JACKSONVILLE, FL 32256

I hereby 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: CHRISTOPHER FINLAY                      PRES                      01/21/2010

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