


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90066 007 ****50.00

DOCUMENT # L98000002289					
1. Entity Name SIGNAL POINTE, L.L.C.					
Principal Place of Business 1200 SIGNAL POINTE CIRCLE SARASOTA, FL 34237 US			Mailing Address 4815 EAST BUSCH BLVD. #208 TAMPA, FL 33617 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>14502 N. Dale Mabry</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 200</i>			
City & State		City & State <i>Tampa, FL</i>			
Zip	Country	Zip	Country		
<i>33618</i>		<i>33618</i>	<i>USA</i>		
6. Name and Address of Current Registered Agent GORDON, DAVID C/O OWNERS PROPERTY MGMT. 4815 EAST BUSCH BLVD. #208 TAMPA, FL 33617			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>14502 N. Dale Mabry, Ste. 200</i> City <i>Tampa</i> <i>FL</i> Zip Code <i>33618</i>		
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 <i>[Signature]</i>		Signature, typed or printed name of registered agent and title if applicable <i>DAVID GORDON, Agent</i>		DATE <i>4/27/07</i>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KENT, GREGORY 280 ADAMS STREET DENVER, CO 80206	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>[Signature]</i>		Signature and typed or printed name of signing managing member, manager, or authorized representative <i>DAVID GORDON</i>		Date <i>4/27/07</i>	
				Daytime Phone # <i>813-287-1078</i>	