




File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| | | | | | |
|--|--|---|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company | | DOCUMENT # | | L98000002298 | |
| A & M POINTE DEVELOPMENT, L.C. 1750 J & C BOULEVARD, SUITE 2 NAPLES FL 34109 | | 1a. Principal Place of Business Address | | 1750 J & C BOULEVARD, SUITE NAPLES FL 34109 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 10/19/1998 | |
| City & State | | City & State | | 4. FEI Number | |
| Zip | | Country | | 5. Date of Last Report | |
| Zip | | Country | | 3a. State of Formation | |
| Zip | | Country | | FL | |
| 7. Name and Address of Current Registered Agent | | 8. Name and Address of New Registered Agent/Office | | | |
| PFEUFFER, WILLIAM A 1124 GOODLETTE ROAD NAPLES FL 34102 | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City | | | |
| | | 9000002874633--5 -05/13/99--01117--002 ***188.75 ***188.75 FL | | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | |
| SIGNATURE | |  | | DATE 3/25/99 | |
| 10. Title | | Managing Members/Managers | | Business Street Address | |
| MGRM | | EMPIRE BUILDERS OF COL | | 1750 J & C BOULEVARD, SUITE | |
| MGRM | | SALVATORE CRAPAROTTA, | | 400 LAKELAND AVENUE | |
| | | | | NAPLES FL GROSSE POINTE MI | |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address. | | | | | |
| SIGNATURE: | |  | | 3/25/99 | |