


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 MONTEREY POINTE, L.C. 896 SANDALWOOD PLACE JENSEN BEACH FL 34957		DOCUMENT # L98000002323	
2. Principal Place of Business 950 SE MONTEREY RD. Suite, Apt. #, etc. City & State STUART, FLORIDA Zip 34995 Country USA		2a. Mailing Address PO BOX 717 Suite, Apt. #, etc. City & State STUART, FLORIDA Zip 34995 Country USA	
3. Date Organized or Qualified 10/20/1998		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
4. FEI Number 65-0877816		5. Date of Last Report	
6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent COLLINS, CLARK E 896 SANDALWOOD PLACE JENSEN BEACH FL 34957		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 700002803247--S Suite, Apt. #, etc. -03/11/93--01113--022 ****188.75 ****188.75 City FL Zip Code	
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 _____ <small>(Principal Agent Accepting Appointment) (NOTE: Principal Agent Signature Required When Changing)</small>		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	C.E. COLLINS, INC.	896 SANDALWOOD PLACE	JENSEN BEACH FL
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: <i>Clark E. Collins</i>		3/2/99 561-334-3424	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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896 SANDALWOOD PLACE
JENSEN BEACH FL 34957

3. Date Organized or Qualified
10/20/1998

3a. State of Formation

FL

☐ Applied For
☐ Not Applicable

4. FEI Number

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5. Date of Last Report

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☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

SIGNATURE

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

C.E. COLLINS, INC.

896 SANDALWOOD PLACE

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3/2/99

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