


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90165 004 ****50.00

DOCUMENT # L98000002323 1. Entity Name MONTEREY POINTE, L.C.	
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Principal Place of Business 950 SE MONTEREY RD STUART, FL 34994	Mailing Address 950 SE MONTEREY RD STUART, FL 34994
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01312004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0877816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, CLARK E
896 SANDALWOOD PLACE
JENSEN BEACH, FL 34957

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM C.E. COLLINS, INC. 950 SE MONTEREY ROAD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM C.E. COLLINS, INC. 896 SANDALWOOD PLACE JENSEN BEACH, FL 34957
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I 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 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: *Clark E. Collins* **1/31/04** **1-772-219-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #