

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000000471

1. Entity Name
CENTRE POINTE FINANCIAL GROUP, L.L.C.



Principal Place of Business

2039 CENTRE POINTE BLVD., STE. #201
TALLAHASSEE, FL 32308

Mailing Address

P.O. BOX 12458
TALLAHASSEE, FL 32317-2458

FILED
05 MAY -6 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3574224

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, STUART E
2039 CENTRE POINTE BLVD., STE. #201
TALLAHASSEE, FL 32308

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

800055190718
05/24/05--01049--010 **55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDBERG, STUART 2039 CENTRE POINTE BLVD., STE. #201 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDBERG, ALISA G 2039 CENTRE POINTE BLVD., STE. #201 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAMPBELL, JAMES I IV 2039 CENTRE POINTE BLVD., STE. #204 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OLIVE, CAROLYN D 2039 CENTRE POINTE BLVD., STE. #201 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/2/05

Date

850-222-4000

Daytime Phone #