

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


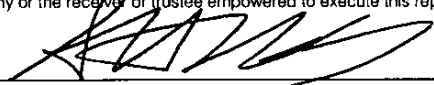
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Jan 09, 2007 8:00 am
Secretary of State

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|---|-------------------------------------|---------------------------------|--|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3574224 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| GOLDBERG, STUART E 2039 CENTRE POINTE BLVD., STE. #201 TALLAHASSEE, FL 32308 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 reinstating) DATE _____ | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> Filing Fee is \$50.00 Due by May 1, 2007 </div> <div> Make check payable to Florida Department of State </div> </div> | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GOLDBERG, STUART | | NAME | | |
| STREET ADDRESS | 2039 CENTRE POINTE BLVD., STE. #201 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GOLDBERG, ALISA G | | NAME | | |
| STREET ADDRESS | 2039 CENTRE POINTE BLVD., STE. #201 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CAMPBELL, JAMES I IV | | NAME | | |
| STREET ADDRESS | 2039 CENTRE POINTE BLVD., STE. #204 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | OLIVE, CAROLYN D | | NAME | | |
| STREET ADDRESS | 2039 CENTRE POINTE BLVD., STE. #201 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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:  | | | 1/3/07 850-222-4000 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |