2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L99000000471

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12458
TALLAHASSEE, FL 323172458

New Mailing Address:

FEI Number: 59-3574224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	GOLDBERG, STUART	
Address:	2039 CENTRE POINTE BLVD., STE. #201	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	MGRM	( ) Delete
Name:	GOLDBERG, ALISA G	
Address:	2039 CENTRE POINTE BLVD., STE. #201	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	MGRM	( ) Delete
Name:	CAMPBELL, JAMES I IV	
Address:	2039 CENTRE POINTE BLVD., STE. #204	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	MGRM	( ) Delete
Name:	OLIVE, CAROLYN D	
Address:	2039 CENTRE POINTE BLVD., STE. #201	
City-St-Zip:	TALLAHASSEE, FL 32308	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STUART E. GOLDBERG MGRM 04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date