


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90072 044 \*\*\*\*50.00

<b>DOCUMENT # L99000001110</b>	
<b>1. Entity Name</b> THE RESERVE AT POINTE MEADOWS, L.C.	

<b>Principal Place of Business</b> 8700 HOPEMONT WAY TENNESSEE, FL 37923	<b>Mailing Address</b> 8700 HOPEMONT WAY KNOXVILLE, TN 37923
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24057457



<b>2. Principal Place of Business</b> 7800 Pointe Meadows Drive Suite, Apt. #, etc.	<b>3. Mailing Address</b> 7800 Pointe Meadows Drive Suite, Apt. #, etc.
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04132004 Chg-LLC CR2E083 (10/03)

<b>City &amp; State</b> Jacksonville, FL	<b>City &amp; State</b> Jacksonville, FL
<b>Zip</b> 32250	<b>Country</b> USA
<b>Zip</b> 32250	<b>Country</b> USA

<b>4. FEI Number</b> 31-1646499	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> BERT C. SIMON, ESQUIRE GARTNER, BROCK AND SIMON 1600 PRUDENTIAL DRIVE, SUITE 203 JACKSONVILLE, FL 32207
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<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR PTE. M, INC. 8700 HOPEMONT WAY KNOXVILLE, TN 37923 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert L. Foote

Date

4/19/04

Daytime Phone #

904-642-9990