2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003
Secretary of State

DOCUMENT# M00000002558

Entity Name: POINTE CAPITAL, LLC

Current Principal Place of Business:

21845 POWERLINE ROAD
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

21845 POWERLINE ROAD
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 14-1825226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEYERS, IAN H
21845 POWERLINE ROAD
BOCA RATON, FL 33433 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	MEYERS, IAN H	
Address:	21845 POWERLINE ROAD	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	MGRM	( ) Delete
Name:	MCGINN, TIMOTHY CHAIRMN	
Address:	21845 POWERLINE ROAD	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	MGRM	( ) Delete
Name:	PALMER, JR., R. CARL DIR	
Address:	21845 POWERLINE ROAD	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	MGRM	( ) Delete
Name:	SMITH, DAVID L DIR	
Address:	21845 POWERLINE ROAD	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	MGRM	( ) Delete
Name:	MEAD JR., D. RICHARD DIR	
Address:	21845 POWERLINE ROAD	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	MGRM	(X) Delete
Name:	THOMSON, PARKER D DIR	
Address:	21845 POWERLINE ROAD	
City-St-Zip:	BOCA RATON, FL 33433	

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:	
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 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 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: IAN H. MEYERS MGR 01/06/2003

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