


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M02000001309 1. Entity Name PALM BEACH LAKES POINTE LLC |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 801 OLD YORK ROAD JENKINTOWN, PA 19046 | Mailing Address 801 OLD YORK ROAD JENKINTOWN, PA 19046 |
|--|--|

| |
|-----------------------------------|
| DO NOT WRITE IN THIS SPACE |
|-----------------------------------|



01062005No Chg-LLC

CR2E083 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 41-2044420 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|-----------------------------------|

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301 | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> |

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SCULLY POINTE, INC 801 OLD YORK ROAD JENKINTOWN, PA 19046 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

| |
|--|
| <p>U000000329453 04/25/05-80117-015 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
|--|

| | |
|---|----------------------------------|
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | Date: 4-22-05 Daytime Phone # |