

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000003834

**FILED**  
**Jan 25, 2006**  
**Secretary of State**

**Entity Name:** MAINE POINTE, LLC

**Current Principal Place of Business:**

INDEPENDENCE WHARF  
470 ATLANTIC AVENUE, 4TH FLOOR  
BOSTON, MA 02210

**New Principal Place of Business:**

**Current Mailing Address:**

INDEPENDENCE WHARF  
470 ATLANTIC AVENUE, 4TH FLOOR  
BOSTON, MA 02210

**New Mailing Address:**

PO BOX 271  
DUXBURY, MA 02331

**FEI Number:** 42-1641332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIST, PAULA  
35 OCEAN DRIVE  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

NELSON, DONALD C  
24300 AIRPORT ROAD  
#173  
PUNTA GORDA, FL 33950 US

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:** DONALD C. NELSON

01/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** BOWEN, STEVEN J  
**Address:** 470 ATLANTIC AVE., 4TH FLOOR  
**City-St-Zip:** BOSTON, MA 02210

**ADDITIONS/CHANGES:**

**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 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:** STEVEN J. BOWEN

MGR

01/25/2006

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