


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90029 010 ****50.00

DOCUMENT # M05000003869 1. Entity Name POINTE 1801, LLC					
Principal Place of Business 8211 WEST BROWARD BOULEVARD, SUITE 230 PLANTATION, FL 33324			Mailing Address 8211 WEST BROWARD BOULEVARD, SUITE 230 PLANTATION, FL 33324		
2. Principal Place of Business Suite, Apt. #, etc. SUITE PH-2 City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. Suite PH-2 City & State Zip Country			
4. FEI Number 20-3130313		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent DANIELS, NICHOLAS M ESQ. ONE SOUTHEAST THIRD AVENUE, SUITE 2400 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Peter C. Gardner Street Address (P.O. Box Number is Not Acceptable) 8211 W. BROWARD BLVD PH-2 City PLANTATION FL Zip Code 33324		
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 Peter C. Gardner DATE 3/13/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, PETER C 8211 WEST BROWARD BOULEVARD, SUITE 230 PLANTATION, FL 33324 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 8211 W. BROWARD BLVD PH-2 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE 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 exemptions contained in Chapter 119, 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: Peter C. Gardner <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 3/13/06 Daytime Phone # 954 727-7335		