2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# M05000006436

Entity Name: REDFISH POINTE, L.L.C.

Current Principal Place of Business:

5607 RIVERSIDE DRIVE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

5607 RIVERSIDE DRIVE
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 20-3655182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAYFORD, SANDY
5030 WHITE PINE CIRCLE NE
ST. PETERSBURG, FL 33703 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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	BRICKER, STEVE	
Address:	400 SQUIRREL RUN	
City-St-Zip:	WRIGHT CITY, MO 63390	
Title:	MGRM	( ) Delete
Name:	BRICKER, JUDY D	
Address:	400 SQUIRREL RUN	
City-St-Zip:	WRIGHT CITY, MO 63390	
Title:	MGRM	( ) Delete
Name:	HOWELL, JUDITH G TRUSTEE	
Address:	819 JEFFERSON STREET	
City-St-Zip:	ST. CHARLES, MO 63301	
Title:	MGRM	( ) Delete
Name:	HOWELL, CARROLL S TRUSTEE	
Address:	819 JEFFERSON STREET	
City-St-Zip:	ST. CHARLES, MO 63301	
Title:	MGRM	( ) Delete
Name:	SKRHA, MILDRED	
Address:	211 BRIDLE PATH CIRCLE	
City-St-Zip:	OAK BROOK, IL 60523	
Title:	MGRM	( ) Delete
Name:	SKRHA, STEVEN	
Address:	211 BRIDLE PATH CIRCLE	
City-St-Zip:	OAK BROOK, IL 60523	

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 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: JUDITH G HOWELL MGRM 05/01/2006

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