

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006436

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

FILED
Apr 17, 2007
Secretary of State

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 ()

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
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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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 HOWELL

MGRM

04/17/2007

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