

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006436

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

FILED
Jan 20, 2011
Secretary of State

Current Principal Place of Business:

5607 RIVERSIDE DRIVE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

819 JEFFERSON
SAINT CHARLES, MO 63301

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
Name: BRICKER, STEVE
Address: 400 SQUIRREL RUN
City-St-Zip: WRIGHT CITY, MO 63390

Title: MGRM
Name: BRICKER, JUDY D
Address: 400 SQUIRREL RUN
City-St-Zip: WRIGHT CITY, MO 63390

Title: MGRM
Name: HOWELL, JUDITH G TRUSTEE
Address: 819 JEFFERSON STREET
City-St-Zip: ST. CHARLES, MO 63301

Title: MGRM
Name: HOWELL, CARROLL S TRUSTEE
Address: 819 JEFFERSON STREET
City-St-Zip: ST. CHARLES, MO 63301

Title: MGRM
Name: SKRHA, MILDRED
Address: 211 BRIDLE PATH CIRCLE
City-St-Zip: OAK BROOK, IL 60523

Title: MGRM
Name: SKRHA, STEVEN
Address: 211 BRIDLE PATH CIRCLE
City-St-Zip: OAK BROOK, IL 60523

I hereby 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

MRS.

01/20/2011

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