

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # M05000007078

1. Entity Name
540 WEST POINT DRIVE, LLC



Principal Place of Business
668 SOUTH FOSTER DRIVE
BATON ROUGE, LA 70806

Mailing Address
668 SOUTH FOSTER DRIVE
BATON ROUGE, LA 70806



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3879356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

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: _____

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CLAUS, BODO
STREET ADDRESS	668 SOUTH FOSTER DRIVE
CITY-ST-ZIP	BATON ROUGE, LA 70806
TITLE	MGR
NAME	CLAUS, KATHERINE R
STREET ADDRESS	668 SOUTH FOSTER DRIVE
CITY-ST-ZIP	BATON ROUGE, LA 70806
TITLE	MGR
NAME	CLAUS, MICHAEL
STREET ADDRESS	668 SOUTH FOSTER DRIVE
CITY-ST-ZIP	BATON ROUGE, LA 70806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000780622
01/15/08-80001-018 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE)

Date

Daytime Phone #