

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006860

**FILED**  
**Apr 14, 2009**  
**Secretary of State**

**Entity Name:** ISLAND POINTE APARTMENTS, LLC

**Current Principal Place of Business:**

1000 BROWARD RD  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

1049 POWERS FERRY ROAD  
MARIETTA, GA 30067

**New Mailing Address:**

1049 POWERS FERRY ROAD  
C/O DEL DEVELOPMENT CORP  
MARIETTA, GA 30067

FEI Number: 58-2594489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303 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: MGR ( ) Delete  
Name: IP MANAGEMENT, INC.  
Address: 1049 POWERS FERRY ROAD  
City-St-Zip: MARIETTA, GA 30067

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONALD LIPPMAN

PRES

04/14/2009

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