

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000009220

**Entity Name:** TRI-POINTE PROPERTIES OF S.W. FLORIDA, LLC

**Current Principal Place of Business:**

C/O GARY A. KAHLE  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

C/O GARY A. KAHLE  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

**FEI Number:** 20-2787289

**Certificate of Status Desired:** No

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

KAHLE, GARY A  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name VERDE, RAUL R MD  
Address 419 BAYVIEW PKWY  
City-State-Zip: NOKOMIS FL 34275

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAUL R VERDE

**MANAGER**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date