

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108493

**FILED**  
**Feb 12, 2006**  
**Secretary of State**

**Entity Name:** BLUE POINT MARKETING, LLC

**Current Principal Place of Business:**

5666 EICHEN CIRCLE EAST  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

5666 EICHEN CIRCLE EAST  
FORT MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 71-0947037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEOLA, JEAN K  
5666 EICHEN CIRCLE EAST  
FORT MYERS, FL 33919 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: GINDY, JEFFREY B  
Address: 1428 SECOND ST. #100  
City-St-Zip: SANTA MONICA, CA 90401 US

Title: MGRM ( ) Delete  
Name: COSH, DAVID A  
Address: 5666 EICHEN CIRCLE EAST  
City-St-Zip: FORT MYERS, FL 33919 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DAVID A. COSH

MGRM

02/12/2006

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