# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000021014

1. Entity Name
5 POINTS EVENTS, LLC

Principal Place of Business
1022 PARK ST., STE. 201
JACKSONVILLE, FL 32204

Mailing Address
1022 PARK ST., STE. 201
JACKSONVILLE, FL 32204

02112008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4384278 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAD, HAROLD W III
1022 PARK ST., STE. 201
JACKSONVILLE, FL 32204

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | SHAD, H.W. |
| STREET ADDRESS | 5031 YACHT CLUB RD. |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 |
| TITLE | MGRM |
| NAME | FOWLER, L.B. |
| STREET ADDRESS | 1596 LANCASTER TERR |
| CITY-ST-ZIP | JACKSONVILLE, FL 32204 |
| TITLE | |
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02/21/08-80048-023 138.75

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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:** H W Shad 2/11/08 904-358-0605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #