

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021014

Entity Name: 5 POINTS EVENTS, LLC

FILED
Mar 29, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-4384278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAD, HAROLD W III
1022 PARK ST., STE. 201
JACKSONVILLE, FL 32204 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: MGRM () Delete
Name: SHAD, H.W.
Address: 5031 YACHT CLUB RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: FOWLER, L.B.
Address: 1596 LANCASTER TERR
City-St-Zip: JACKSONVILLE, FL 32204

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 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: H. W. SHAD III

MGRM

03/29/2009

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