


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90134 001 ***138.75

DOCUMENT # L06000061249

1. Entity Name
SPECIALTY POINT HOLDINGS, LLC



Principal Place of Business
585 S. RONALD REAGAN BLVD
STE 107
LONGWOOD, FL 32750 US

Mailing Address
212 SHADY OAKS CIRCLE
LAKE MARY, FL 32746 US

60005750



2. Principal Place of Business - No P.O. Box #
201 Specialty Point

3. Mailing Address
201 Specialty Point

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

01312008 Chg-LLC CR2E083 (12/06)

City & State
Sanford FL

City & State
Sanford FL

Zip Country
32771 USA

Zip Country
32771 USA

4. FEI Number
20-5393536

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MONTAGUE, DAVID L
212 SHADY OAKS CIRCLE
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

201 Specialty Point

City **Sanford** **FL** Zip Code **32771**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	D	<input type="checkbox"/> Delete
NAME	MONTAGUE, DAVID L	
STREET ADDRESS	212 SHADY OAK CIRCLE	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	V	<input type="checkbox"/> Delete
NAME	KIRKLAND, JOHN M	
STREET ADDRESS	6725 WATER STONE CT	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: David L. Montague 2/1/08 4073395800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #