

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052460

FILED
Jan 20, 2009
Secretary of State

Entity Name: TOWER POINT USA LLC

Current Principal Place of Business:

3000 ISLAND BLVD., #704
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

3000 ISLAND BLVD., #704
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146 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: FISHMAN, CILIA
Address: 17017 W. DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: MGR () Delete
Name: KUDARY, JONATHAN
Address: 17017 W. DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: MGRM () Delete
Name: FISHMAN, GREGORY
Address: 17017 W. DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GREGORY FISHMAN

MGRM

01/20/2009

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