


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90010 012 ****50.00

DOCUMENT # M03000002820	
1. Entity Name ROCKPOINT GROUP, L.L.C.	

Principal Place of Business 13155 NOEL RD., LB 54, STE. 2400 DALLAS TX 75240	Mailing Address 13155 NOEL RD., LB 54, STE. 2400 DALLAS TX 75240
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2. Principal Place of Business Suite, Apt. #, etc. Suite 700 City & State		3. Mailing Address Suite, Apt. #, etc. Suite 700 City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTON, WILLIAM H III ONE INDEPENDENT DR, STE 1600 JACKSONVILLE FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOX, PATRICK K 13155 NOEL RD, STE 2400 DALLAS TX 75240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13155 Noel Road, Suite 700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GELB, KEITH B 222 BERKELEY STREET SUITE 2250 BOSTON MA 02116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAUL, JONATHAN H 222 BERKELEY STREET SUITE 2250 BOSTON MA 02116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARTMAN, GREGORY J ONE CALIFORNIA ST, STE 750 SAN FRANCISCO CA 94111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOX, PATRICK K 13155 NOEL RD, STE 2400 DALLAS TX 75240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13155 Noel Road, Suite 700

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Patrick K. Fox** **June 21, 2005** **972-934-0100**

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