

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L000000007318**

1. Entity Name

SOUTH POINT CAPITAL, LLC

FILED

02 SEP 11 PM 2:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

227 FIRST STREET

Suite, Apt. #, etc.

SUITE 6

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Address

227 FIRST STREET

Suite, Apt. #, etc.

SUITE 6

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

9/11

DO NOT WRITE IN THIS SPACE

MJJA

CUS

4. FEI Number

65-1038142

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ADELE STONE, ESQUIRE

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

1946 TYLER STREET

City

HOLLYWOOD

FL

Zip Code

33020

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

700007793337--5

-09/17/02--01015--001

*******55.00 *****55.00**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHAPMAN DUCOTE
227 FIRST ST. SUITE 6
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WAYNE DUCOTE
601 Poydras St. SUITE 2011
NEW ORLEANS, LA 70130**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO/IS
YOLANDE A. BERNARD
601 Poydras St. SUITE 2011
NEW ORLEANS, LA 70130**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/10/02

Date

(504) 525-9017

Daytime Phone #

CR2E083B (12/01)