## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000007318

1. Entity Name

## SOUTH POINT CAPITAL LLC



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90445 021 \*\*\*\*50.00

### APPLIED THE STREET	Principal Plac	e of Business	Mailing Address							
Sulfe, April # ritc.    City & Stato										
Sulfe, April # ritc.    City & Stato										
City & State    City & State    City & State    City & State    A. FEI Number 65-1038142     Applied for   Nat Application   Nat Applied for   Nat Applied f	2. Principal Place of Business		3. Mailing Address			·				
Zip Country Zip Country S. Certificate of Status Desired Set Set 90 Additional Pro-Required Set Required Set	Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent  STONE, ADELE I ESO. 1946 TYLER STREET HOLLYWOOD FL 33920  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  City  FL  Zip Code  City  Cit	City & State	е	City & State			4. FEI Nur	<sup>mber</sup> 65-1038142	<del></del>		
STONE, APELE I ESO. 1946 TYLER STREET HOLLYWOOD FL 33020  City FL Zip Code  City FL	Zip		Zip	Countr	у	5. Certifica	1.5 Cermicate of Status Desired 1.1			
STONE, ADELT I ESO.  1946 TYLER STREET HOLLYWOOD FL 33020  City FL Zip Code  City FL Zip Code  6. 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 namiliar with, and accept the obligators of registered agent.  SIGNATURE  Make Check Payable to Florida Department of State Due By May 1, 2003  6. MANAGING MEMBERS/MANAGERS  MARK Check Payable to Florida Department of State Due By May 1, 2003  6. MANAGING MEMBERS/MANAGERS  MARK Check Payable to Florida Department of State Due By May 1, 2003  6. MANAGING MEMBERS/MANAGERS  MARK Check Payable to Florida Department of State Due By May 1, 2003  6. MANAGING MEMBERS/MANAGERS  MARK DUCOTE, CHAPMAN DUCOTE, CHAPMAN  STRET ADDRESS  GITY-ST-ZIP  TILE  MARK BEACH FL 33139  GITY-ST-ZIP  TILE  MAKE STRET ADDRESS  GITY-ST-ZIP  TILE  MAKE STRET ADDRESS  GITY-ST-ZIP  TILE MAKE STRET ADDRESS  GITY-ST		6. Name and Address of Current	Registered Agent		<u> </u>	7. Name a	ind Address of New Regis	stered Agent		
Size Address (P.O. Box Number's Not Acceptable)  City FL Zip Code						Name				
City FL Zip Code  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 and reference agent.  SIGNATURE  SIGNATURE  SIGNATURE  TILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida. Department of State Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  DUCOTE, CHAPMAN  27 FIRST STREET, STE. 6  MISTER ADDRESS  OTT-ST-2P  TITE NAME SIRET ADDRESS  OTT-ST-2P  NEW ORLEANS LA 70130  TITE NAME SIRET ADDRESS  OTT-ST-2P  TITE NAME SIRET ADDRESS  OTT-S					Street Address (PO, Box Number is Not Acceptable)					
S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, Syector printed name of impostered agent and title if applicable. (NOTE: Registered Agent agenture reasonal when refeatbring)   DATE				2						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature, speed or printed rame of registered agent and the if supplicable   (NOTE Registered Agent Separative Registered Agent separative required when rendeting)   DATE	HUL	L1WOOD FL 33020								
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