2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED **DOCUMENT # A02000001502** 1. Emity Name LAPOINTE, LTD. 2007 APR 25 AM 10: 20 SECRETARY OF STATE Principal Place of Business Mailing Address 1181 SOUTH ROGERS CIRCLE, SUITE 19 1181 SOUTH ROGERS CIRCLE, SUITE 19 TALLAHASSEE, FLORIDA BOCA RATON, FL: 33487 BOCA RATON, FL-33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Act. #, etc. Suite, Apt. #, etc. 04092007 CR2E003 (12/06) Cha-LP 4. FE! Number Applied For City & State City & State 16-1642061 Not Applicable Country Zio Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAPOINTE, RICHARD A 1181 SOUTH ROGERS CIRCLE, SUITE 19 Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33487 City 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. Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION DOCUMENT # L02000029856 STREET ADDRESS LAPOINTE HOLDINGS, LLC TURNE STREET ADDRESS 1181 SOUTH ROGERS CIRCLE, SUITE#19 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33481 DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODDUMENT # 200101222062 STREET ADDRESS STREET ADDRESS CETY-ST-7IP CITY-ST-ZIP DOOLINENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CRY- 5T- 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 14. It hereby certify that the information supplied with this tiling 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 if am a General Partner of the limited partnership or the receiver or trustee ampowered to exempt this report as required by Chapter 620, Florida Statutes 561-988-1231 SIGNATURE: