

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007318

FILED
May 09, 2006
Secretary of State

Entity Name: SOUTH POINT CAPITAL LLC

Current Principal Place of Business:

12000 BISCAYNE BLVD
SUITE 302
MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12000 BISCAYNE BLVD
SUITE 302
MIAMI, FL 33181

New Mailing Address:

FEI Number: 65-1038142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STONE, ADELE I ESQ.
1946 TYLER STREET
HOLLYWOOD, FL 33020 US

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: MGRM () Delete
Name: DUCOTE, CHAPMAN
Address: 12000 BISCAYNE BLVD, SUITE 302
City-St-Zip: MIAMI, FL 33181

Title: MGRM () Delete
Name: DUCOTE, WAYNE
Address: 601 POYDRAS STREET
City-St-Zip: NEW ORLEANS, LA 70130

Title: CFOS (X) Delete
Name: BERNARD, YOLANDE A
Address: 601 POYDRAS ST STE 2011
City-St-Zip: NEW ORLEANS, LA 70130

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 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: WAYNE C DUCOTE

MGRM

05/09/2006

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