

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90139 034 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

24063917



| | | | | | | |
|---|--|---------------------------------|---|--|-----------------|--|
| DOCUMENT # L01000002047 | | | | | | |
| 1. Entity Name NORTH POINT INVESTMENTS, LLC | | | | | | |
| Principal Place of Business 666 71 STREET MIAMI, FL 33141 | | | Mailing Address 666 71 STREET MIAMI BEACH, FL 33141 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | 4. FEI Number 65-1086935 | | |
| Zip | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| Country | | Country | | Applied For Not Applicable | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | |
| ROUSSO, MARK E ESQ. 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD, FL 33021 | | | Name <u>Mark Roussso</u> | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) <u>18851 NE 29 AVENUE SUITE 900</u> | | | |
| | | | City <u>AVENTURA</u> | | FL | Zip Code <u>33180</u> |
| | | | 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 <u>Mark Roussso</u> DATE <u>04/29/04</u> |
| SIGNATURE | | | (NOTE: Registered Agent signature required when reinstating) | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LIPS, ALAN 666 71 STREET MIAMI BEACH, FL 33141 | <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 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: | | | Date <u>4/28/04</u> | | Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Alan Lips | | | |