

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

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

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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**

24063917



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-1086935

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROUSSO, MARK E ESQ.
3440 HOLLYWOOD BLVD.
SUITE 360
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name **Mark Roussso**
Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29 AVENUE SUITE 900

City **AVENTURA** FL Zip Code **33180**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Mark Roussso 04/29/04

**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 **MGRM LIPS, ALAN** ☐ Delete
STREET ADDRESS **666 71 STREET**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

Alan Lips

✓ 4/28/04