

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002978

FILED
May 25, 2007
Secretary of State

Entity Name: TRUSTPOINT EQUITY FUND I, LLC

Current Principal Place of Business:

4798 S. FLORIDA AVENUE
280
LAKELAND, FL 33813

New Principal Place of Business:

4700 MILLENIA BLVD
SUITE 175
ORLANDO, FL 32839

Current Mailing Address:

4798 S. FLORIDA AVENUE
280
LAKELAND, FL 33813

New Mailing Address:

4700 MILLENIA BLVD
SUITE 175
ORLANDO, FL 32839

FEI Number: 59-3700115 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:

TRUSTPOINT FINANCIAL CORP.
4798 S. FLORIDA AVENUE
280
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

TRUSTPOINT FINANCIAL CORP.
4700 MILLENIA BLVD
SUITE 175
ORLANDO, FL 32839 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

05/25/2007

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRUSTPOINT FINANCIAL, CORP.
Address: 4798 S. FLORIDA AVENUE, # 280
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRUSTPOINT FINANCIAL, CORP.
Address: 4700 MILLENIA BLVD
City-St-Zip: ORLANDO, FL 32839

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM POHL

MGRM

05/25/2007

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