


2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90054 043 \*\*\*\*50.00

|  |   |
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| <b>DOCUMENT # L02000003028</b><br>1. Entity Name<br><b>BLUEPOINT LLC</b> |  |
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|--|--|
| Principal Place of Business<br><b>700 11TH STREET SOUTH, PH #2<br/>NAPLES, FL 34102-6777</b> | Mailing Address<br><b>700 11TH STREET SOUTH, PH #2<br/>NAPLES, FL 34102-6777</b> |
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01092004 No Chg-LLC CR2E083 (10/03)

|   |                                       |
|---|---------------------------------------|
| EIN   | Applied For                           |
| 4. <del>File</del> Number <b>20-0860571</b>               | Not Applicable                        |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

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| <b>6. Name and Address of Current Registered Agent</b>   |
| <b>WELLINGTON SHIELD SERVICES LTD, INC.<br/>700 11TH STREET SOUTH, PH #2<br/>NAPLES, FL 34102-6777</b> |

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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.

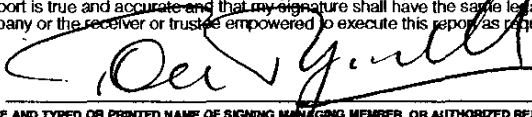
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2004

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>TYRRELL, THOMAS K.H.<br>700 ELEVENTH ST S., PH #2<br>NAPLES, FL 341026777 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:**  **4-21-04** **239-430-4306**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #