


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000003028</b>	
1. Entity Name BLUEPOINT LLC	

Principal Place of Business 700 11TH STREET SOUTH, PH #2 NAPLES, FL 34102-6777	Mailing Address 700 11TH STREET SOUTH, PH #2 NAPLES, FL 34102-6777
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04252005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  WELLINGTON SHIELD SERVICES LTD, INC. 700 11TH STREET SOUTH, PH #2 NAPLES, FL 34102-6777
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<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

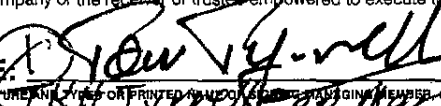
**Filing Fee is \$50.00  
Due by May 1, 2005**

000000346874  
04/30/05-80093-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TYRRELL, THOMAS K.H. 700 ELEVENTH ST S., PH #2 NAPLES, FL 341026777
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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)(f), 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:  H.26.05.(239)4304306  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #