

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004003

FILED  
Jun 06, 2006  
Secretary of State

Entity Name: TURNINGPOINT VENTURES, LLC

**Current Principal Place of Business:**

1521 ALTON ROAD  
#614  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1521 ALTON ROAD  
#614  
MIAMI BEACH, FL 33166

**New Mailing Address:**

FEI Number: 68-0496997      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

SCAGLIONE, MICHAEL  
475 BILTMORE WAY  
#300  
CORAL GABLES, FL 33134 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

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VANCE, TAMARA A  
Address: 1521 ALTON ROAD #614  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR ( ) Delete  
Name: VANCE, JASON M  
Address: 1521 ALTON ROAD #614  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TAMARA A. VANCE

MGR

06/06/2006

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