2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

05-12-2003 90088 011 ****60.00
L02000004003

DOCUMENT # L02000004003

FILED
03 MAY 30 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

certificates.

1. Entity Name
TURNINGPOINT VENTURES, LLC

Principal Place of Business
1825 PONCE DELEON BLVD., STE. 365
CORAL GABLES FL 33134-4418

Mailing Address
1825 PONCE DELEON BLVD., STE. 365
CORAL GABLES FL 33134-4418

2. Principal Place of Business
611 Plover Avenue
Suite, Apt. #, etc.

3. Mailing Address
611 Plover Avenue
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State: Miami Springs, FL
Zip: 33166 Country: USA

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Zip: 33166 Country: USA

4. FEI Number: 68-0496997 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KRAUS, JOSEPH
1825 PONCE DELEON BLVD., STE. 365
CORAL GABLES FL 33134-4418

7. Name and Address of New Registered Agent
Name: Michael J. Scaglione
Street Address (P.O. Box Number is Not Acceptable): Scaglione + Quesada P.A.
123 Madeira Ave., Suite 100
City: Coral Gables FL Zip Code: 33134

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: Tamara A. Vance 5/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	VANCE, TAMARA A		NAME	Vance, Tamara A	
STREET ADDRESS	4772 N.W. 114TH AVE., STE. 202		STREET ADDRESS	611 Plover Avenue	
CITY-ST-ZIP	MIAMI FL 33138		CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	VANCE, JASON M		NAME	Vance, Jason M	
STREET ADDRESS	4772 N.W. 114TH AVE., STE. 202		STREET ADDRESS	611 Plover Avenue	
CITY-ST-ZIP	MIAMI FL 33138		CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE	MGR	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	JAHR, OLIVER		NAME		
STREET ADDRESS	1521 ALTON RD., STE. 432		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE	MGR	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	KRAUS, JOSEPH		NAME		
STREET ADDRESS	1825 PONCE DELEON BLVD., STE. 365		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134-4418		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

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: Tamara A. Vance SECRETARY Tamara A. Vance 4/10/03 (305) 882-8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #