2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

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

Certificates

DOCUMENT # L02000004003

1. Entity Name
TURNINGPOINT VENTURES, LLC

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

2. Principal Place of Business	3. Mailing Address
611 Plover Avenue Suite, Apt. #, etc.	611 Plover Avenue Suite, Apt. #, etc.
City & State: Miami Springs, FL	City & State: Miami Springs, FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

☒ CHECK HERE IF MAKING CHANGES

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