2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# L02000008152

Entity Name: STARPOINT SALES, LLC

Current Principal Place of Business:

STARPOINT SALES
FOUR SAWGRASS VILLAGE DR., SUITE 205B
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

STARPOINT SALES
133 CROSSCOVE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

STARPOINT SALES
FOUR SAWGRASS VILLAGE DR., SUITE 205B
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

STARPOINT SALES
3787 PALM VALLEY ROAD, SUITE 102-401
PONTE VEDRA, FL 32082 US

FEI Number: 02-0584193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCAW, GINEL
133 CROSSCOVE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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: MCCAW, GINEL
Address: 133 CROSSCOVE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Delete
Name: MCCAW, GREGG
Address: 133 CROSSCOVE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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 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: GINEL MCCAW MGR 04/24/2008

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