2004 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L02000009487** MARKET POINT GROUP, LLC Principal Place of Business Mailing Address 20221 NE 16TH PLACE 20221 NE 16TH PLACE MIAMI, FL 33129 MIAMI, FL 33129

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 17, 2004 8:00 am Secretary of State

03-17-2004 90274 041 ****50.00

C4U23510



DO NOT WOITE IN THE COA		_	02022004No Chg-LLC	CR2E083 (10/03)		
D	OO NOT WRITE IN THIS SPAC	ַב בּיבּ 	4. FEI Number 04-3646013		Applied For Not Applicable	
			5. Certificate of Status Desired	□ \$5.00 A Fee Requ		
	6. Name and Address of Current Registered Agent					
RAIBI, AMIT 20221 NE 16TH PLACE			DO NOT W	RITE		
MIAMI, FL 33129		ر چينه پندر د د د د د د د د د د د د د د د د د د	IN THIS SP	ACE	* *************************************	
•			_	_		
	named entity submits this statement for the purpose of changing its registere	d office or registere	d agent, or both, in the State of Flor	ida. I am familiar wi	th, and accept	
tne obligat	ions of registered agent.		•			
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered	Agent signature required v	when reinstating)	DATE		
Fi	iling Fee is \$50.00	K	· · · · · · · · · · · · · · · · · · ·			
Ď	ue by May 1, 2004	· #				
9	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·			
TITLE	MGR RAIBI, AMIT					
NAME STREET ADDRESS	20221 NE 16TH PLACE					
CITY-ST-ZIP	MIAMI, FL 33129					
TITLE						
NAME STREET ADDRESS						
_CITY_ST-ZIP,						
TITLE '			ياليوا للمنضيط للات وال اليطواط للاستيطال يهران الد		ضا , حبث	
STREET ADDRESS	ا ي د من در بياية حصور سالسا	مغادان	· <u>magan</u> o <u>or to a secondario</u>			
CITY-ST-ZIP		<u> </u>	DO NOT W	RITE		
TATLE *		ı	IN THIS SP	ACF		
NAME STREET ADDRESS	The second secon			AVE	يون ما المناور د	
CITY-ST-ZIP						
TITLE						
NAME	·				4	
STREET ADDRESS CUTY-ST-ZIP						
TIFLE						
NAME	Self of Balton Co. Office a		77 Y F 10 magas			
	करते क्रीके की दर्ज हैं है है					
CITY-ST-ZIP	cartify that the information cumplied with this filling does not qualify for the	ention stated in C	tion 110 07/2Vi\"Flatida Ctat	further portification	· information	
indicated	certify that the information supplied with this filing does not qualify for the exer on this report is true and accurate and that mysignature shall have the same ibility company or the receiver or trustee empowered to execute this report as	legal effect as if ma	ade under oath; that I am a managi ar 608, Florida Statutes	ng member or mana ng member or mana	ger of the	
miniteo lla	ibility company or the receiver or trustee empowered to execute this report as	required by Unapte	er ouo, Fiorida Statutes.		·	