LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

4/14

FILED
04-LA2003 90899 048 ****50.00
APR 21 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000010380

1. Entity Name
TERN POINT ENTERPRISES LLC

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2. Principal Place of Business	3. Mailing Address
215 FIFTH ST.	215 FIFTH ST
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. SUITE 100
City & State W. PALM BEACH, FL	City & State W. PALM BEACH, FL
Zip 33401	Country USA
Zip 33401	Country USA

4. FEI Number
71-0694731
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
DAN SWANSON

Street Address (P.O. Box Number is Not Acceptable)
215 FIFTH ST.

City W. PALM BEACH FL Zip Code 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MANAGING PARTNER - MGRM
NAME	DAN SWANSON
STREET ADDRESS	215 FIFTH ST, SUITE 100
CITY-ST-ZIP	W. PALM BEACH, FL 33401
TITLE	PARTNER - MGR
NAME	KAREN SWANSON
STREET ADDRESS	215 FIFTH ST, SUITE 100
CITY-ST-ZIP	W. PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/02)

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: _____ 4/11/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #