


2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000022472		
1. Entity Name NORTH POINTE, LLC		

FILED

04 AUG -4 AM 10: 24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 433 SOUTH MAIN STREET, SUITE 300 WEST HARTFORD, CT 06110	Mailing Address 433 SOUTH MAIN STREET, SUITE 300 WEST HARTFORD, CT 06110
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2. Principal Place of Business 222 South U.S. Hwy one, #209 Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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City & State Tequesta, FL	City & State	4. FEI Number 01-0743627	Applied For Not Applicable
Zip 33469	Country USA	Zip	Country

07222004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent NP ENTERPRISES, LLC 222 SOUTH U.S. HIGHWAY #1, SUITE 209 TEQUESTA, FL 33469		7. Name and Address of New Registered Agent Name Chad P. La Bonte Street Address (P.O. Box Number is Not Acceptable) 222 South U.S. Highway one, #209 Tequesta, FL 33469 City FL Zip Code	
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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 7/22/04
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVCON NORTH POINTE LLC 433 SOUTH MAIN ST., SUITE 300 WEST HARTFORD, CT 061101679 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Devcon NorthPointe, LLC 222 South U.S. Highway One, #209 Tequesta, FL 33469 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NP Enterprises, LLC 222 South U.S. Highway One, #209 Tequesta, FL 33469 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500040265275 08/18/04--01005--002 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 7/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #