

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028087

**FILED**  
**Feb 16, 2006**  
**Secretary of State**

**Entity Name:** GREENPOINT FARMS, LLC

**Current Principal Place of Business:**

104 BREEZEWOOD DRIVE  
DEBARY, FL 32713

**New Principal Place of Business:**

4798 S. FLORIDA AVENUE  
# 280  
LAKELAND, FL 33813

**Current Mailing Address:**

104 BREEZEWOOD DRIVE  
DEBARY, FL 32713

**New Mailing Address:**

4798 S. FLORIDA AVENUE  
# 280  
LAKELAND, FL 33813

**FEI Number:** 38-3662764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRUSTPOINT FINANCIAL CORP.  
104 BREEZEWOOD DRIVE  
DEBARY, FL 32713 US

**Name and Address of New Registered Agent:**

TRUSTPOINT FINANCIAL CORP.  
4798 S. FLORIDA AVENUE  
# 280  
LAKELAND, FL 33813 US

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:**

02/16/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** TRUSTPOINT FINANCIAL, CORP  
**Address:** 104 BREEZEWOOD DRIVE  
**City-St-Zip:** DEBARY, FL 32713

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** TRUSTPOINT FINANCIAL, CORP  
**Address:** 4798 S. FLORIDA AVENUE, #280  
**City-St-Zip:** LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the 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:** TRUSTPOINT FINANCIAL CORP

MGRM

02/16/2006

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