


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90052 037 \*\*\*\*50.00

<b>DOCUMENT # L02000029856</b>	
1. Entity Name <b>LAPOINTE HOLDINGS, LLC</b>	

Principal Place of Business <b>1181 S. ROGERS CIRCLE, STE. 22 BOCA RATON, FL 33481</b>	Mailing Address <b>1181 S. ROGERS CIRCLE, STE. 22 BOCA RATON, FL 33481</b>
---	---

2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address <b>1181 S. ROGERS CIRCLE</b> <b>SUITE 19</b>  <b>BOCA RATON, FL.</b>  <b>33487</b> <b>USA.</b>
--	--



03182006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>13-4221090</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>LAPOINTE, RICHARD A 1181 S. ROGERS CIRCLE, STE. 22 BOCA RATON, FL 33481</b>	7. Name and Address of New Registered Agent Name <b>RICHARD A. LAPOINTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1181 S. ROGERS CIRCLE SUITE 19</b> City <b>BOCA RATON</b> FL <b>33487</b>
---	---

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAPOINTE, RICHARD 1181 S. ROGERS CIRCLE #22 BOCA RATON, FL 33481 <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	MGR LA POINTE, FLORIALS 1181 S. ROGERS CIRCLE #22 BOCA RATON, FL 33481 <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	MGR WALKER, COURTNEY 6201 OAKBROOK CIRCLE HUNTINGTON BEACH, CA 92648 <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	MGR LA POINTE, SAMANTHA P O BOX 48 HARRISON, ID 83833 <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 exemptions contained in Chapter 119, 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:**

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

**3/18/06**

Date

Daytime Phone #