2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90452 044 ****50.00

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1. Entity Name
NGG POINT, L.L.C.

Principal Place of Business
4863 SW 147 PL
MIAMI, FL 33185

Mailing Address
4863 SW 147 PL
MIAMI, FL 33185

04092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 05-0551656 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GYORY, JANOS
4863 S.W. 14TH PLACE
MIAMI, FL 33185

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGR GYORY, JANOS 4863 S.W. 14TH PLACE MIAMI, FL 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☑ Change ☐ Addition 4863 S.W. 147 PLACE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGR GYORY, ISTVAN 4863 S.W. 14TH PLACE MIAMI, FL 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☑ Change ☐ Addition 4863 S.W 147 PLACE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGR NASSIF, MOUNIR 4863 S.W. 14TH PLACE MIAMI, FL 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☑ Change ☐ Addition 4863 S.W. 147 PLACE
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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: X [signature] JANOS GYORY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #