2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000030124

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

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

04172005 No Chg-LLC CR2E083 (10/03)

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

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: _____

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GYORY, JANOS
STREET ADDRESS	4863 S.W. 147 PLACE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	MGR
NAME	GYORY, ISTVAN
STREET ADDRESS	4863 S.W. 147 PLACE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	MGR
NAME	NASSIF, MOUNIR
STREET ADDRESS	4863 S.W. 147 PLACE
CITY-ST-ZIP	MIAMI, FL 33185
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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04/20/05-80098-022 50.00

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: James Gyory JANOS GYORY 4/18/05 (305) 297-9771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — DATE — DAYTIME PHONE NUMBER