## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

Feb 13, 2006 08:00 AM Secretary of State DOCUMENT # L03000005261 NORTH POINT, LLC Principal Place of Business Mailing Address **401 FERGUSON DRIVE 401 FERGUSON DRIVE** ORLANDO, FL 32805 ORLANDO, FL 32805 CR2E083 (11/05) 01052006 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 36-4522199 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent CAWTHON, FRANK H JR DO NOT WRITE **401 FERGUSON DRIVE** ORLANDO, FL 32805 IN THIS SPACE 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 MANAGING MEMBERS/MANAGERS 9. MGRM TETLE CAWTHON, FRANK NAME STREET ADDRESS **401 FERGUSON DRIVE** CITY-ST-ZIP ORLANDO, FL 32805 MGRM 7171.6 FUQUA, JEFFRY B NAME STREET ADDRESS **401 FERGUSON DRIVE** CITY-ST-ZIP ORLANDO, FL 32805 U00000432576 02/23/06-80073-014 50.00 ME HAME STREET ADDRESS DO NOT WRITE CITY-ST-DP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this fiting 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 808, Florida Statutes.

**FILED**