

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011533

FILED  
Mar 18, 2011  
Secretary of State

Entity Name: THE POINT GROUP LLC.

## Current Principal Place of Business:

690 SOUTH FLORA POINT  
INVERNESS, FL 34450

## New Principal Place of Business:

690 SOUTH FLORA POINT  
INVERNESS, FL 34450 US

## Current Mailing Address:

690 SOUTH FLORA POINT  
INVERNESS, FL 34450

## New Mailing Address:

690 SOUTH FLORA POINT  
INVERNESS, FL 34450 US

FEI Number: 33-1048808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEARSE, JAMES CASEY  
690 SOUTH FLORA POINT  
INVERNESS, FL 34450 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: KEARSE, J.CASEY  
Address: 690 S. FLORA POINT  
City-St-Zip: INVERNESS, FL 34450

Title: MGR  
Name: KEARSE, J. ALLAN  
Address: 15720 FAIRPLAY ROAD  
City-St-Zip: CALHAN, CO 80808

Title: MGR  
Name: KEARSE, RONALD W  
Address: 3540 CHASTAIN WAY  
City-St-Zip: PENSACOLA, FL 32504

Title: MGR  
Name: RAMSEY, TIMOTHY J  
Address: 3424 S WINDING PATH  
City-St-Zip: INVERNESS, FL 34450

Title: MGR  
Name: KEARSE, LISA A  
Address: 3540 CHASTAIN WAY  
City-St-Zip: PENSACOLA, FL 32504

Title: MGR  
Name: KEARSE, FAYE J  
Address: 690 S. FLORA POINT  
City-St-Zip: INVERNESS, FL 34450

I hereby 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: J CASEY KEARSE

MGRM

03/18/2011

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