
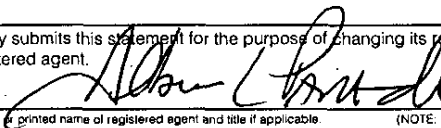
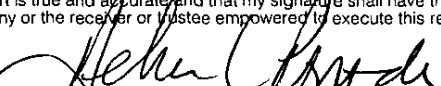


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90183 026 \*\*\*\*50.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # L03000012845</b>   |   |   |   |                              |  |
| <b>1. Entity Name</b><br>TURNING POINT EQUITIES, LLC   |   |   |   |   |  |
| <b>Principal Place of Business</b><br>C/O RICHARD PARADIS<br>4400 N. HIGHWAY 19A<br>MOUNT DORA, FL 32757 US  |   |   | <b>Mailing Address</b><br>C/O RICHARD PARADIS<br>4400 N. HIGHWAY 19A<br>MOUNT DORA, FL 32757 US   |   |  |
| <b>2. Principal Place of Business</b><br>4400 N. Hwy 19-A  |   | <b>3. Mailing Address</b><br>4400 N. Hwy 19-A |   |   |  |
| Suite, Apt. #, etc. <b>Suite 6</b>   |   | Suite, Apt. #, etc. <b>Suite 6</b>            |   |   |  |
| City & State <b>Mount Dora, FL</b>   |   | City & State <b>Mount Dora</b>                |   |   |  |
| Zip <b>32757</b> Country <b>LAKE</b>   |   | Zip <b>FL</b> Country <b>LAKE</b>             |   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>VOSE, GRETCHEN RH<br>2705 W. FAIRBANKS AVE.<br>WINTER PARK, FL 32789   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name <b>Kim Y. Stewart</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>147 W. 9th St.</b><br>City <b>Mount Dora</b> <b>FL</b> Zip Code <b>32757</b> |   |  |
| <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.</b>   |   |   |   |   |  |
| SIGNATURE    |   |   |   | DATE <b>3/16/04</b>   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2004  |   |   |   | Make check payable to<br>Florida Department of State  |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>  |   |   | <b>10. ADDITIONS / CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Richard Paradis</b><br><b>4400 N. Highway 19A</b><br><b>Mount Dora, FL 32757</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM</b><br><b>Patricia C. Lybrand</b><br><b>4400 N. Hwy. 19-A, Suite 6</b><br><b>Mount Dora, FL 32757</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Delete]  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM</b><br><b>Debra Paradis</b><br><b>4400 N. Hwy. 19-A, Suite 6</b><br><b>Mount Dora, FL 32757</b>       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Delete]  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | [Change] [Addition]   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Delete]  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | [Change] [Addition]   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Delete]  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | [Change] [Addition]   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Delete]  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | [Change] [Addition]   |  |
| <b>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.</b> |   |   |   |   |  |
| SIGNATURE:    |   |   |   | Date <b>3/16/04</b>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |   |   | Daytime Phone #   |  |

24024020

