2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2005
Secretary of State

DOCUMENT# L03000015537

Entity Name: OUTLOOK POINT LIMITED LIABILITY COMPANY

Current Principal Place of Business:

4320 CHELSEA HARBOR DR. W.
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4320 CHELSEA HARBOR DR. W.
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 45-0513360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CIAMPITTI, MARIBEL Z
4320 CHELSEA HARBOR DRIVE
JACKSONVILLE, FL 32224 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/MEMBERS:

Title: MGRM ( ) Delete
Name: CIAMPITTI, MARIBEL Z
Address: 4320 CHELSEA HARBOR DR W
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM ( ) Delete
Name: CIAMPITTI, CHRISTOPHER S
Address: 4320 CHELSEA HARBOR DR W
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CIAMPITTI, MARIBEL Z
Address: 4320 CHELSEA HARBOR DR W
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR (X) Change ( ) Addition
Name: CIAMPITTI, CHRISTOPHER S
Address: 4320 CHELSEA HARBOR DR W
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIBEL Z. CIAMPITTI MGR 04/24/2005

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