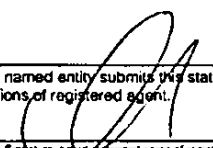
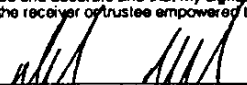


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-14-2008 90084 001 ***416.25
L03000017687

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -2 PM 1:22

DOCUMENT # L03000017687			
1. Entity Name WESTPOINTS CAPITAL GROUP, LLC			
Principal Place of Business C/O MATT MILLER, WESTPOINTS ENTITIES 1035 COLLIER CENTER WAY NAPLES, FL 34110		Mailing Address C/O MATT MILLER, WESTPOINTS ENTITIES 1035 COLLIER CENTER WAY NAPLES, FL 34110	
2. Principal Place of Business - No P.O. Box # 1004 Collier Center Way		3. Mailing Address 1004 Collier Center Way	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State Naples, FL		City & State Naples, FL	
Zip 34110	Country	Zip 34110	Country
4. FEI Number 55-0835148		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04292008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Salvatori, Wood, PL	
		Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Trail North	
		Suite 330	
		City Naples FL Zip Code 34103	
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 		DATE 5/1/08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAILEY, RONALD K 2241 IMPERIAL GOLF COURSE NAPLES, FL 34110 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, MATTHEW T 1004 COLLIER CENTER WAY, SUITE 100 NAPLES, FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, JOHN C 1004 COLLIER CENTER WAY, SUITE 100 NAPLES, FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER II, JOHN 1004 COLLIER CENTER WAY, SUITE 100 NAPLES, FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing 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 608, Florida Statutes.			
SIGNATURE: 		5-1-08	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	