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SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -2 PM 1:22

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017687

1. Entity Name
WESTPOINTS CAPITAL GROUP, LLC

Principal Place of Business	Mailing Address
C/O MATT MILLER, WESTPOINTS ENTITIES 1035 COLLIER CENTER WAY NAPLES, FL ,34110	C/O MATT MILLER, WESTPOINTS ENTITIES 1035 COLLIER CENTER WAY NAPLES, FL 34110

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1004 Collier Center Way	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:

04292008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 55-0835148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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 _____ 5/1/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MILLER, MATTHEW T 1004 COLLIER CENTER WAY, SUITE 100 NAPLES, FL 34110	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MILLER, JOHN C 1004 COLLIER CENTER WAY, SUITE 100 NAPLES, FL 34110	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MILLER II, JOHN 1004 COLLIER CENTER WAY, SUITE 100 NAPLES, FL 34110	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

B. Tedlock JUN 11 2008

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 #