

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000021111

1. Entity Name
RUE POINT INVESTMENT, LLC



Principal Place of Business

20 HILL RD
STEPHEN L COGGINS AKA STEVE & CATHY OBRIEN
ATLANTIC HIGHLANDS, NJ 07716 US

Mailing Address

20 HILL RD
STEPHEN L COGGINS AKA STEVE & CATHY OBRIEN
ATLANTIC HIGHLANDS, NJ 07716 US



03112006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

URNES, JENNIFER
325 VANDERBILT BEACH RD
PREMIER PROPERTIES OF SW FLORIDA
NAPLES, FL 34108

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000467449
03/23/06-00047-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COGGINS, STEPHEN L
STREET ADDRESS	20 HILL RD
CITY-ST-ZIP	ATLANTIC HIGHLANDS, NJ 07716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 605, Florida Statutes.

SIGNATURE:

Stephen L Coggins AKA Steve & Cathy Obrien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/10/06
Date

Daytime Phone #