


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90009 016 ****50.00

DOCUMENT # L03000025379

1. Entity Name
THE CENTERPOINT GROUP, LLC ✓



Principal Place of Business
7510 BEACHVIEW DRIVE
NORTH BAY VILLAGE, FL 33141 X

Mailing Address
7510 BEACHVIEW DRIVE
NORTH BAY VILLAGE, FL 33141 ✓


2. Principal Place of Business
7401 COQUINA DRIVE

3. Mailing Address
 Suite, Apt. #, etc.

City & State
NORTH BAY VILLAGE, FL

City & State

Zip
33141 Country



01272005 Chg-LLC CR2E083 (10/03)

4. FEI Number
56-2377890 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NETHONGKOME, YONGYUTH
1260 N.E. 97TH STREET
MIAMI SHORES, FL 33138 X

7. Name and Address of New Registered Agent

Name
NETHONGKOME, YONGYUTH

Street Address (P.O. Box Number is Not Acceptable)
7510 BEACHVIEW DRIVE

City
NORTH BAY VILLAGE FL Zip Code
33141

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 _____

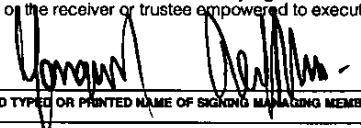
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NETHONGKOME, YOUNGYUTH 1260 N.E. 97TH STREET MIAMI SHORES, FL 33138 X <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NETHONGKOME, YONGYUTH 7510 BEACHVIEW DRIVE NORTH BAY VILLAGE, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, VIVIENNE 1000 QUAYSIDE TERRACE, #1608 MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. BROWN, VIVIENNE 2427 FISHER ISLAND DR MIAMI, FL 33109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WONGBUNDHIT, YUWADEE 465 NE 113 STREET MIAMI SHORES, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUENGVISESH, TANISARA 11211 S.W. 120 STREET MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEDTRANON, KULNADDA 13740 S.W. 73 AVENUE MIAMI, FL 33158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YODVILAI, WERACHIA 3500 N.W. 21ST STREET COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  DATE: **01/28/05** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE