


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000025379 1. Entity Name THE CENTERPOINT GROUP, LLC	
---	---

Principal Place of Business 7401 COQUINA DRIVE NORTH BAY VILLAGE FL 33141 US	Mailing Address 7510 BEACHVIEW DRIVE NORTH BAY VILLAGE FL 33141
--	---



2. Principal Place of Business	3. Mailing Address	1st MOORE CR2E083 (10/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 56-2377890 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NETHONGKOME, YONGYUTH 7510 BEACH VIEW DRIVE NORTH BAY VILLAGE FL 33141	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

U00000439048
04/24/06-80015-013 50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	NETHONGKOME, YOUNGYUTH		NAME		
STREET ADDRESS	7510 BEACH VIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NORTH BY VILLAGE FL 33141		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BROWN, VIVIENNE		NAME		
STREET ADDRESS	2427 FIDHER ISLAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33109		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	WONGBUNDHIT, YUWADEE		NAME		
STREET ADDRESS	465 NE 113 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL 33161		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RUENGVISESH, TANISARA		NAME		
STREET ADDRESS	11211 S.W. 120 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	NEDTRANON, KULNADDA		NAME		
STREET ADDRESS	13740 S.W. 73 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33158		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	YODVILAI, WERACHIA		NAME		
STREET ADDRESS	3500 N.W. 21ST STREET		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33066		CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: S. Knatongcome (SIRIPHAN KNATONGCOME) 4/01/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #