

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90151 048 ****50.00

DOCUMENT # L03000029569					
1. Entity Name DUPUIS POINTE, LLC					
Principal Place of Business 300 N.W. 12TH AVENUE MIAMI, FL 33128			Mailing Address 300 N.W. 12TH AVENUE MIAMI, FL 33128		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-4262219	
Zip		Country		Applied For 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 MARTORANO, SALVATORE 300 N.W. 12TH AVENUE MIAMI, FL 33128			7. Name and Address of New Registered Agent Name: <u>Agustin Dominguez</u> Street Address (P.O. Box Number is Not Acceptable): <u>300 NW 12 Ave</u> City: <u>MIAMI</u> FL <u>33128</u>		
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: <u>H. Dominguez</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>05/01/2007</u>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROVIN, TY 300 NW 12TH AVENUE MIAMI, FL 33128	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REVALES, RON 300 NW 12TH AVENUE MIAMI, FL 33128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SIBLEY, RUSSELL 300 NW 12TH AVENUE MIAMI, FL 33128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODRIGUEZ, KATHY 300 NW 12TH AVENUE MIAMI, FL 33128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODRIGUEZ, KATHY 300 NW 12TH AVENUE MIAMI, FL 33128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODRIGUEZ, KATHY 300 NW 12TH AVENUE MIAMI, FL 33128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODRIGUEZ, KATHY 300 NW 12TH AVENUE MIAMI, FL 33128	<input type="checkbox"/> Delete			
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: <u>Ron Revals</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: <u>05/01/2007</u> Daytime Phone #: <u>(305) 324-5505</u>					