2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

07 OCT 10 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000029569

1. Entity Name
DUPUIS POINTE, LLC

09272007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
300 N.W. 12TH AVENUE MIAMI, FL 33128	300 N.W. 12TH AVENUE MIAMI, FL 33128

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
100 NE 84th St.	100 NE 84th St.
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Miami, FL	City & State: Miami, FL
Zip: 33138 Country: USA	Zip: 33138 Country: USA

4. FEI Number: 13-4262219 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOMINGUEZ, AGUSTIN
300 N.W. 12TH AVENUE
MIAMI, FL 33128

7. Name and Address of New Registered Agent

Name: Melissa Moonves

Street Address (P.O. Box Number is Not Acceptable): 100 NE 84th St. - Suite 200

City: Miami FL Zip Code: 33138

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: Melissa A. Moonves 9/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR REVALES, RON 300 NW 12TH AVENUE MIAMI, FL 33128	☒ Delete	MGR David Harder 100 NE 84th St. - Suite 200 Miami, FL 33138	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SIBLEY, RUSSELL 300 NW 12TH AVENUE MIAMI, FL 33128	☒ Delete	MGR Arden Shank 181 NE 82nd St. Miami, FL 33138	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RODRIGUEZ, KATHY 300 NW 12TH AVENUE MIAMI, FL 33128	☒ Delete	100110672371 10/11/07--01019--001 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] 9/27/07 305.759.8912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #