

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031839

FILED
Apr 26, 2004
Secretary of State

Entity Name: SUNPOINTE INVESTMENTS, LLC

Current Principal Place of Business:

6606 KINGSPONTE PKWY
ORLANDO, FL 32819

New Principal Place of Business:

7751 KINGSPONTE PKWY
127
ORLANDO, FL 32819

Current Mailing Address:

6606 KINGSPONTE PKWY
ORLANDO, FL 32819

New Mailing Address:

7751 KINGSPONTE PKWY
127
ORLANDO, FL 32819

FEI Number: 20-0179119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUARTE, NORBERTO
6606 KINGSPONTE PKWY
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

DUARTE, NORBERTO
7024 LAKE WILLIS DR
ORLANDO, FL 32821 US

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.

SIGNATURE: NORBERTO DUARTE

04/26/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SOUZA, KARLA
Address: 6606 KINGSPONTE PKWY
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Delete
Name: HOFFMANN, DYLMAR S
Address: 6606 KINGSPONTE PKWY
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOUZA, KARLA
Address: 7751 KINGSPONTE PKWY - UNIT 127
City-St-Zip: ORLANDO, FL 32819

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KARLA SOUZA

MGRM

04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date