
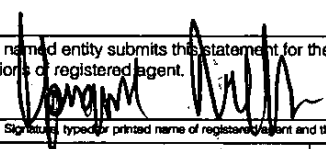
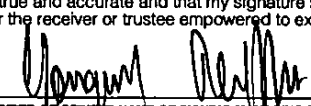


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-19-2005 90009 018 \*\*\*\*50.00

<b>DOCUMENT # L03000038084</b>					
<b>1. Entity Name</b> THE CENTERPOINT GROUP IV, LLC ✓					
<b>Principal Place of Business</b> 7510 BEACHVIEW DR. NORTH BAY VILLAGE, FL 33141 ✓			<b>Mailing Address</b> 7510 BEACHVIEW DR. NORTH BAY VILLAGE, FL 33141 ✓		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01272005    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 57-1189110				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  KNATTONGCOME, SIRIPHAN 1260 N.E. 97TH STREET MIAMI SHORES, FL 33138 ✗			<b>7. Name and Address of New Registered Agent</b> Name KNATTONGCOME, SIRIPHAN Street Address (P.O. Box Number is Not Acceptable) 7510 BEACH VIEW DRIVE City NORTH BAY VILLAGE    FL    Zip Code 33141		
<b>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.</b> SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)    DATE:					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNATTONGCOME, SIRIPHAN 1260 N.E. 97TH STREET MIAMI SHORES, FL 33138 ✗	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNATTONGCOME, SIRIPHAN 7510 BEACH VIEW DRIVE NORTH BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NETHONGKOME, YOUNGYUTH 1260 N.E. 97TH STREET MIAMI SHORES, FL 33138 ✗	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NETHONGKOME, YOUNGYUTH 7510 BEACH VIEW DRIVE NORTH BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b>  01/28/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					