

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006238

FILED
Apr 23, 2007
Secretary of State

Entity Name: TRI POINT INVESTMENTS, L.L.C.

Current Principal Place of Business:

9858 GLADES ROAD #121
BOCA RATON, FL 33434

New Principal Place of Business:

9858 GLADES ROAD #169
BOCA RATON, FL 33434

Current Mailing Address:

9858 GLADES ROAD #121
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 01-0806222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAUSS, ANDREW
9858 GLADES ROAD
121
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

STRAUSS, ANDREW
9858 GLADES ROAD
169
BOCA RATON, FL 33434 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:

04/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RACZKOWSKI, ABRAHAM
Address: 9858 GLADES ROAD #121
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM () Delete
Name: STRAUSS, ANDREW
Address: 9858 GLADES RD., #121
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RACZKOWSKI, ABRAHAM
Address: 9858 GLADES ROAD #169
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM (X) Change () Addition
Name: STRAUSS, ANDREW
Address: 9858 GLADES RD., #169
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANDREW STRAUSS

MGRM

04/23/2007

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