


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

04-19-2005 90010 005 ****50.00

DOCUMENT # L04000054013

1. Entity Name
THE CENTERPOINT GROUP VIII, LLC ✓



Principal Place of Business
7510 BEACHVIEW DRIVE
NORTH BAY VILLAGE, FL 33141 ✓

Mailing Address
7510 BEACHVIEW DRIVE
NORTH BAY VILLAGE, FL 33141 ✓

30006034



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01272005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1407048

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
KNATTONGCOME, SIRIPHAN
1260 N.E. 97TH STREET
MIAMI SHORES, FL 33138 X

7. Name and Address of New Registered Agent
 Name
KNATTONGCOME, SIRIPHAN
 Street Address (P.O. Box Number is Not Acceptable)
7510 BEACH VIEW DRIVE
 City
NORTH BAY VILLAGE FL Zip Code
33141

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 [Signature] DATE _____

Signature typed if printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reissuing)

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNATTONGCOME, SIRIPHAN 1260 N.E. 97TH STREET MIAMI SHORES, FL 33138 X	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NETHONGKOME, YOUNGYUTH 1260 N.E. 97TH STREET MIAMI SHORES, FL 33138 X	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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 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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: [Signature] Date 01/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #