

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054013

FILED
Apr 02, 2009
Secretary of State

Entity Name: THE CENTERPOINT GROUP VIII, LLC

Current Principal Place of Business:

7510 BEACHVIEW DRIVE
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

7510 BEACH VIEW DRIVE
NORTH BAY VILLAGE, FL 33141

Current Mailing Address:

7510 BEACHVIEW DRIVE
NORTH BAY VILLAGE, FL 33141

New Mailing Address:

7510 BEACH VIEW DRIVE
NORTH BAY VILLAGE, FL 33141

FEI Number: 20-1407048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNATTONGCOME, SIRIPHAN
7510 BEACH VIEW DRIVE
NORTH BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KNATTONGCOME, SIRIPHAN
Address: 7510 BEACH VIEW DRIVE
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: MGRM () Delete
Name: NETHONGKOME, YOUNGYUTH
Address: 7510 BEACH VIEW DRIVE
City-St-Zip: NORTH BAY VILLAGE, FL 33141

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: NETHONGKOME, YONGYUTH
Address: 7510 BEACH VIEW DRIVE
City-St-Zip: NORTH BAY VILLAGE, FL 33141

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: SK

MGRM

04/02/2009

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