

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000054466 <small>Entity Name</small> THE CENTERPOINT GROUP VII, LLC							
<small>Principal Place of Business</small> 7510 BEACHVIEW DRIVE NORTH BAY VILLAGE FL 33141			<small>Mailing Address</small> 7510 BEACHVIEW DRIVE NORTH BAY VILLAGE FL 33141				
2. Principal Place of Business		3. Mailing Address					
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>					
<small>City & State</small>		<small>City & State</small>					
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>	4. FEI Number 20-1406990 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><small>Applied For</small></td> </tr> <tr> <td style="padding: 2px;"><small>Not Applicable</small></td> </tr> </table>		<small>Applied For</small>	<small>Not Applicable</small>
<small>Applied For</small>							
<small>Not Applicable</small>							
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/05)			
6. Name and Address of Current Registered Agent KNATTONGCOME, SIRIPHAN 7510 BEACH VIEW DR NORTH BAY VILLAGE FL 33141			7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>				
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.							
<small>SIGNATURE</small> _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> <small>DATE</small>							
			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006				
			U00000499034 04/24/06-80015-004 50.00				
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES				
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MGRM KNATTOGCOME, SIRIPHAN 7510 BEACH VIEW DR NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Add		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MGRM NETHONGKOME, YOUNGYUTH 7510 BEACH VIEW DR NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Add		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Add		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Add		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Add		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Add		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: S. Knattongcome **(SIRIPHAN KNATTONGCOME)** 4/01/06

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