2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013931

Entity Name: 5 POINT PROPERTIES, LLC

WINTER PARK, FL 32789

City-St-Zip:

FILED Mar 08, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 641 WEST FAIRBANKS AVENUE, SUITE 101 WINTER PARK, FL 32789 **Current Mailing Address: New Mailing Address:** 641 WEST FAIRBANKS AVENUE, SUITE 101 WINTER PARK, FL 32789 FEI Number: 20-4449613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOLTUN, JEFFREY M 557 NORTH WYMORE ROAD, SUITE 100 MAITLAND, FL 32751 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GOLDSMITH, PAUL M Name: Name: 641 WEST FAIRBANKS AVENUE, SUITE 101 Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FAIRCLOTH, HARLAN Name: Name: Address: 641 WEST FAIRBANKS AVENUE, SUITE 101 Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KIRKLAND, GORDON Name: Name: 641 WEST FAIRBANKS AVENUE, SUITE 101 Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: DONELICK, SCOTT Name: 641 WEST FAIRBANKS AVENUE, SUITE 101 Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ROBINSON, KIM Name: Name: 641 WEST FAIRBANKS AVENUE, SUITE 101 Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: () Delete Title: () Change () Addition ROBINSON, RAYMOND Name: Name: Address: 641 WEST FAIRBANKS AVENUE, SUITE 101 Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: PAUL GOLDSMITH MGRM 03/08/2006