

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087463

FILED  
Apr 09, 2007  
Secretary of State

Entity Name: POWER POINT INVESTMENTS LLC

**Current Principal Place of Business:**

4704 NW 76 ST  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

4704 NW 76 ST  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 20-3496964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UZZO, CHRISTOPHER P  
4704 NW 76 ST  
COCONUT CREEK, FL 33073 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: MGR ( ) Delete  
Name: UZZO, CHRISTOPHER P  
Address: 4704 NW 76 ST  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM ( ) Delete  
Name: UZZO, KIMBERLY K  
Address: 4707 NW 76TH STREET  
City-St-Zip: COCONUT CREEK, FL 33073

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: PINE, MICHAEL  
Address: PMB 11382  
City-St-Zip: PENNSACOLA, FL 32513

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.

SIGNATURE: CHRISTOPHER P UZZO

MGR

04/09/2007

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