

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087463

FILED
May 07, 2008
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

UZZO, CHRISTOPHER P
4704 NW 76 ST
COCONUT CREEK, FL 33073 US

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: MGRM () Delete
Name: PINE, MICHAEL
Address: PMB 11382
City-St-Zip: PENNSACOLA, FL 32513

ADDITIONS/CHANGES:

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

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

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

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: CHRISTOPHER P UZZO

MGR

05/07/2008

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