


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000108493	
1. Entity Name BLUE POINT MARKETING, LLC	

Principal Place of Business 5666 EICHEN CIRCLE EAST FORT MYERS, FL 33919 US	Mailing Address 5666 EICHEN CIRCLE EAST FORT MYERS, FL 33919 US
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DO NOT WRITE IN THIS SPACE



03292007No Chg-LLC CR2E083 (11/05)

4. FEI Number 71-0947037	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MEOLA, JEAN K 5666 EICHEN CIRCLE EAST FORT MYERS, FL 33919

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GINDY, JEFFREY B 1428 SECOND ST. #100 SANTA MONICA, CA 90401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COSH, DAVID A 5666 EICHEN CIRCLE EAST FORT MYERS, FL 33919
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05/01/07-80007-021 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *David A. Cosh* Date: 4-16-07 Daytime Phone #: 239-896-0649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE