

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046697

FILED
Apr 18, 2009
Secretary of State

Entity Name: SHELL POINT INVESTMENTS, LLC

Current Principal Place of Business:

2655 NORTH OCEAN DR
SUITE 310
SINGER ISLAND, FL 33404

New Principal Place of Business:

2655 NORTH OCEAN DR
SUITE 100
SINGER ISLAND, FL 33404

Current Mailing Address:

2655 NORTH OCEAN DR
SUITE 310
SINGER ISLAND, FL 33404

New Mailing Address:

2655 NORTH OCEAN DR
SUITE 100
SINGER ISLAND, FL 33404

FEI Number: 56-2599611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMOUR, ALAN I II
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH, FL 33401 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: HEATON, GEORGE W
Address: 2655 NORTH OCEAN DR SUITE 310
City-St-Zip: SINGER ISLAND, FL 33404

Title: S () Delete
Name: DENTRY, DEBORAH A
Address: 465 ORRICK LN
City-St-Zip: GREENEVILLE, TN 37743

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HEATON, GEORGE W
Address: 2655 NORTH OCEAN DR SUITE 100
City-St-Zip: SINGER ISLAND, FL 33404

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: GEORGE W HEATON

MGR

04/18/2009

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