


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90306 049 *****50.00

DOCUMENT # L06000061249 1. Entity Name SPECIALTY POINT HOLDINGS, LLC					
Principal Place of Business 212 SHADY OAKS CIRCLE LAKE MARY, FL 32746 US			Mailing Address 212 SHADY OAKS CIRCLE LAKE MARY, FL 32746 US		
2. Principal Place of Business - No P.O. Box # 585 S. Ronald Reagan Blvd		3. Mailing Address SAME			
Suite, Apt. #, etc. Ste 107		Suite, Apt. #, etc. 			
City & State Longwood FL		City & State 			
Zip 32750		Country USA		4. FEI Number 20-5393536	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MONTAGUE, DAVID L 212 SHADY OAKS CIRCLE LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			David L. Montague 212 Shady Oak Circle Lake Mary FL 32746		
			V.P. John M. Kirkland 6725 Water Stone Court Sanford FL 32771		
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 L. Montague 2/8/07 407-339-5800					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					