2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # L060001082 OINT PARTNERS, LLC			04-30-2007	90044 023 ****5	50.00		
Principal Plac	a of Business	Mailing Address		- T	-			
Principal Place of Business 2424 NORTH FEDERAL HWY STE 159 BOCA RATON, FL 33431		2424 NORTH FEDERAL HWY STE 159 Boca Raton, FL 33431		1 100 101	£ 88118 83111 88131 83111 881	EI KEN ABIBLIBIYA NBELBIYAN (EI	REL ALL INGS	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			, , , , , , , , , , , , , , , , , , , ,			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04132007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb	5 89 21	<u> </u>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$5.00 Add Fee Require		
	6. Name and Address of Current F	Registered Agent	N1	7. Name and	Address of New R	egistered Agent		
WEDDED	DICHARD		Name					
WERBER, RICHARD 2424 NORTH FEDERAL HWY STE 159 BOCA RATON, FL 33431			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or registe	ered agent, or bo	th, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007						e check payable to Department of State	• /	
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RRER SHNFI	RICHAR EDERAL H TON FL	Change Change Change	MAddition TE 159	
TITLE		☐ Delete	TITLE V	1		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME ST					
			STREET ADDRESS CITY-ST-ZIP	EINHARD RH N FE CA RATO	DERAL H	ighway st 3431		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	STREET ADDRESS	24 N FE	DERAL H	IEBWBY ST 3431 □Change		
name Street address		☐ Delete	STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	24 N FE	DERAL H	2701	E 159	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	24 N FE	DERAL H	☐ Change	E 159 □ Addition	

I hereby certify that the information supplied with this filling 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: RICHARD WERBER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE