

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90102 017 \*\*\*138.75

DOCUMENT # L07000012600

1. Entity Name

FIVE POINT GROUP, LLC



Principal Place of Business

301 AUDUBON DRIVE  
MELBOURNE FL 32902

Mailing Address

PO BOX 1642  
MELBOURNE FL 32902  
US



2. Principal Place of Business - No P.O. Box #

755 Triple Crown Lane

3. Mailing Address

PO BOX 1642

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

West Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

20-8778239

Applied For

Not Applicable

Zip

32504

Country

USA

Zip

32902

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILSON, HOPE E  
301 AUDUBON DRIVE  
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Hope E Wilson*

Signature, last or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

4-21-08

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME WILSON, HOPE E  
STREET ADDRESS 301 AUDUBON DRIVE  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE MGR ☐ Delete  
NAME WILSON, DAMIAN M  
STREET ADDRESS 301 AUDUBON DRIVE  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 755 Triple Crown Lane  
CITY-ST-ZIP West Melbourne, FL 32904

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 755 Triple Crown Lane  
CITY-ST-ZIP West Melbourne, FL 32904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Hope E Wilson* Hope Elisabetha Wilson 850-559-9951

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

Day

Daytime Phone #