2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2008
Secretary of State

DOCUMENT# L07000085368

Entity Name: THE TIPPING POINT, LLC

Current Principal Place of Business:

1020 EAST TROPICAL WAY
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

1020 EAST TROPICAL WAY
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 26-0740988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CURY, CHRISTOPHER T
1020 EAST TROPICAL WAY
PLANTATION, FL 33317 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:	CURY, CHRISTOPHER T	
Address:	1020 EAST TROPICAL WAY	
City-St-Zip:	PLANTATION, FL 33317 US	
Title:	MGRM	( ) Delete
Name:	MILLER, JAMES E	
Address:	6840 VILLAS DRIVE SOUTH	
City-St-Zip:	BOCA RATON, FL 33433 US	
Title:	MGRM	( ) Delete
Name:	CURY, PHILLIP H	
Address:	1220 SPRING BRANCH ROAD	
City-St-Zip:	JACKSONVILLE, FL 32259 US	
Title:	MGRM	( ) Delete
Name:	CURY, NEAL G	
Address:	1550 NW 101 WAY	
City-St-Zip:	PLANTATION, FL 33322 US	
Title:	MGRM	( ) Delete
Name:	DIAMOND DEVELOPMENT,, INC.	
Address:	23210 L'ERMITAGE CIRCLE	
City-St-Zip:	BOCA RATON, FL 33433 US	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	( ) Change (X) Addition
Name:	THE ROBERT B. LECCE, REVOCABLE TRUS T	
Address:	P.O. BOX 480-068	
City-St-Zip:	DELRAY BEACH, FL 33448	

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: ROBERT B. LECCE MGRM 05/09/2008

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