2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

FILED Jan 13, 2005 08:00 AM Secretary of State **DOCUMENT # L99000007849** 1. Entity Name LONG POINT INVESTMENT, L.L.C. Principal Place of Business Mailing Address 826 UNION STREET, SUITE 200 826 UNION STREET, SUITE 200 NEW ORLEANS, LA 70112 NEW ORLEANS, LA 70112 01102005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 72-1461373 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHILLIPS, NATHANIEL P JR. DO NOT WRITE 36 SALT MARSH DRIVE FERNANDINA BEACH, FL 32034 IN THIS SPACE 5. 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, 2005 9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAME PHILLIPS, NATHANIEL STREET ADDRESS 826 UNION STREET, SUITE 200 CITY-ST-ZIP NEW ORLEANS, LA 70112 -----U00000180213 ΠLE 01/13/05-80051-003 50.00 NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP TALE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE