2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M00000002150

Entity Name: ADVANTAGE POINT LLC

Title:

Name:

Address:

City-St-Zip:

MGR

() Delete

ONE PURLIEU PLACE, STE. 295

WINTER PARK, FL 32792

SAN FILIPPO, DAVID

FILED Apr 11, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: ONE PURLIEU PLACE, STE. 295 WINTER PARK, FL 32792 **Current Mailing Address: New Mailing Address:** ONE PURLIEU PLACE, STE. 295 WINTER PARK, FL 32792 FEI Number: 22-3842719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAN FILIPPO, MR. DAVID PH.D. SAN FILIPPO, DR. DAVID PH.D. ONE PURLIEU PLACE, STE. 295 ONE PURLIEU PLACE, STE. 295 WINTER PARK, FL 32792 WINTER PARK, FL 32792 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: R. DAVID SAN FILIPPO 04/11/2002 Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGR () Change () Addition () Delete RAMOS, LUIS Name: Name: ONE PURLIEU PLACE, STE. 295 Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: SCIBAL, DAVID Name: Address: P.O. BOX 500 Address: City-St-Zip: SOMERS PT., NJ 08244 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BECOTTE, LINDSAY Name: Name: Address: P.O. BOX 500 Address: City-St-Zip: SOMERS PT., NJ 08244 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: R. DAVID SAN FILIPPO MGR 04/11/2002