

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003041

FILED
May 01, 2008
Secretary of State

Entity Name: ENTRYPOINT, LLC

Current Principal Place of Business:

215 E. ROOSEVELT
ZEELAND, MI 49464

New Principal Place of Business:

Current Mailing Address:

215 E. ROOSEVELT
ZEELAND, MI 49464

New Mailing Address:

FEI Number: 83-0369659 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:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: KILLORAN, DAVID J
Address: 215 E. ROOSEVELT
City-St-Zip: ZEELAND, MI 49464

Title: MGR () Delete
Name: MEEUWEEN, PAUL
Address: 215 E. ROOSEVELT
City-St-Zip: ZEELAND, MI 49464

Title: MGR () Delete
Name: BURKE, MICHAEL E
Address: 215 E. ROOSEVELT
City-St-Zip: ZEELAND, MI 49464

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:

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: MICHAEL BURKE

MGR

05/01/2008

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