

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000017329
1. Entity Name
THE POINT, L.L.C.

FILED
03 MAY -1 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4264 WINTERS CHAPEL RD
Suite, Apt. #, etc.
BUILDING A

3. Mailing Address
Suite, Apt. #, etc.
City & State
DORAVILLE, GA

DO NOT WRITE IN THIS SPACE

Zip
30360-3197 Country

4. FEI Number
58-2659000 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
BECKY A. BURKHART-SMITH
Street Address (P.O. Box Number is Not Acceptable)
4039 EAST COUNTY HIGHWAY 30-A
City
SEAGROVE BEACH FL Zip Code
32459

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME *mb* **DONALD S. BARANOWSKI**
STREET ADDRESS
4264 WINTERS CHAPEL ROAD, BLDG A
CITY - ST - ZIP
DORAVILLE, GA 30380

TITLE
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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **3/20/03** **770-455-7009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)