

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000006589

FILED  
Apr 15, 2002 8:00 AM  
Secretary of State

Entity Name: POINT DIREX SECURITIES, L.L.C.

**Current Principal Place of Business:**

200 S. ORANGE AVENUE, SUITE 1300  
ORLANDO, FL 32801

**New Principal Place of Business:**

200 S. ORANGE AVENUE, SUITE 1424  
ORLANDO, FL 32801

**Current Mailing Address:**

200 S. ORANGE AVENUE, SUITE 1300  
ORLANDO, FL 32801

**New Mailing Address:**

200 S. ORANGE AVENUE, SUITE 1424  
ORLANDO, FL 32801

FEI Number: 59-3615459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KHANANI, M. OWAIS  
200 S. ORANGE AVENUE, SUITE 1300  
ORLANDO, FL 32801 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: POINTDIREX, LLC,  
Address: 200 S. ORANGE AVE., SUITE 1300  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: KHANANI, M O MGR  
Address: 200 S. ORANGE AVE., SUITE 1300  
City-St-Zip: ORLANDO, FL 32801

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.

SIGNATURE: M. OWAIS KHANANI

MGR

04/15/2002

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