

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009876

1. Entity Name

POINTDIREX MANAGEMENT, L.L.C.

FILED

01 MAY 11 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

200 S. ORANGE AVENUE, SUITE 2000 1300
ORLANDO FL 32801

Mailing Address

200 S. ORANGE AVENUE, SUITE 2000 1300
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 1300

Suite, Apt. #, etc.

Suite 1300

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHANANI, M. OWAIS

200 S. ORANGE AVENUE, SUITE 2000 1300
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 1300

City

FL

Zip Code

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.

SIGNATURE

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

M. Owais Khanani

(NOTE: Registered Agent signature required when reinstating)

4-30-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KHANANI, M. SALEEM
200 S. ORANGE AVENUE, SUITE 2000 1300
ORLANDO FL 32801

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Suite 1300
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KHANANI, M. OWAIS
200 S. ORANGE AVENUE, SUITE 2000 1300
ORLANDO FL 32801

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Suite 1300
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KHANANI, M. HANI
200 S. ORANGE AVENUE, SUITE 2000 1300
ORLANDO FL 32801

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Suite 1300
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1000043838210-6
-06/08/01-0107-002
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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

4-30-01

407/540-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #