2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000033693

1. Entity Name

POINT SOUTH, LLC

14019174

Principal Place of Business	Mailing Address
632 FOXWORTH LANE HOLMES BEACH, FL 34217	632 FOXWORTH LANE HOLMES BEACH, FL 34217

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07082005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
51-0471654	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D
PORGES, HAMLIN, KNOWLES & PROUTY, P.A.
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee Is $50.00
Due by September 7, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CHOVAN, RONALD
STREET ADDRESS	2233 THEODORE STREET
CITY-ST-ZIP	CREST HILL, IL 60435
TITLE	MGR
NAME	STROJIN, I.L.
STREET ADDRESS	614 MADISON STREET DELETE
CITY-ST-ZIP	JOLIET, IL 60435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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)(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: _Ronald Chovan_   8-10-05   815-474-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #