FILED
Apr 15, 2004 8:00 am
Secretary of State
03-25-2004 90214 044 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000029635

1. Entity Name
THE POINT OF AMERICAS UNIT 206, L.L.C

34003366

Principal Place of Business	Mailing Address
2100 OCEAN LANE SOUTH, UNIT 206 FT. LAUDERDALE, FL 33316	2100 OCEAN LANE SOUTH, UNIT 206 FT. LAUDERDALE, FL 33316

03112004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2100 ocean Lane South unit 206 Ft Lauderdale Fl. 33316	2100 ocean Lane South unit 206 Ft. Lauderdale, Fl. 33316
Suite, Apt. #, etc. 206	Suite, Apt. #, etc. 206
City & State Ft Lauderdale, Fl.	City & State Ft Lauderdale Fl.
Zip 33316 Country Broward, U.S.A	Zip 33316 Country U.S.A.

4. FEI Number 46-0083190 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WICH, THOMAS M ESQ.
WICH, WICH & WICH, P.A.
2400 EAST COMMERCIAL BLVD., SUITE 620
FT. LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name wich, Thomas H Esq.
Street Address (P.O. Box Number is Not Acceptable) 2400 East Commercial Blvd., Suite 620
City Ft Lauderdale FL Zip Code 33308

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 E. Dehgan
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 May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEHGAN, EBRAHIM 2100 OCEAN LANE SOUTH, UNIT 206 FT. LAUDERDALE, FL 33316 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: E. Dehgan 3/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #