

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90293 028 ****50.00



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1. Entity Name

THE POINT OF AMERICAS UNIT 206, L.L.C

Principal Place of Business

2100 OCEAN LANE SOUTH, UNIT 206
 FT. LAUDERDALE FL 33316

Mailing Address

2100 OCEAN LANE SOUTH, UNIT 206
 FT. LAUDERDALE FL 33316



2. Principal Place of Business

Same as above

3. Mailing Address

2100 S. Ocean Lane unit 206

1st MOORE

CR2E083 (10/04)

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

206

City & State

Fort Lauderdale, FL.

City & State

Fort Lauderdale FL.

4. FEI Number

26-0083190

Applied For

Not Applicable

Zip

33316

Country

U.S.A

Zip

33316

Country

U.S.A

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

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

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	DEHGAN, EBRAHIM	2100 OCEAN LANE SOUTH, UNIT 206	FT. LAUDERDALE FL 33316	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 EBRAHIM DEHGAN

03/11/05

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

Date *03/11/05*

Daytime Phone # *954 463*

9683