


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

<b>DOCUMENT #</b> L03000029635	
<b>1. Entity Name</b> THE POINT OF AMERICAS UNIT 206, L.L.C.	

<b>Principal Place of Business</b> 2100 OCEAN LANE SOUTH, UNIT 206 FT. LAUDERDALE FL 33316	<b>Mailing Address</b> 2100 OCEAN LANE SOUTH, UNIT 206 FT. LAUDERDALE FL 33316
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<b>2. Principal Place of Business</b> Same as above	<b>3. Mailing Address</b> 2100 S. Ocean Lane unit 206
<b>Suite, Apt. #, etc.</b> 206	<b>Suite, Apt. #, etc.</b> 206
<b>City &amp; State</b> Fort Lauderdale, FL.	<b>City &amp; State</b> Ft Lauderdale FL.
<b>Zip</b> 33316	<b>Zip</b> 33316
<b>Country</b> U.S.A.	<b>Country</b> U.S.A.

1st MOORE CR2E083 (10/04)

<b>4. FEI Number</b> 26-0083190	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WICH, THOMAS M ESQ. WICH, WICH & WICH, P.A. 2400 EAST COMMERCIAL BLVD., SUITE 620 FT. LAUDERDALE FL 33308	
<b>7. Name and Address of New Registered Agent</b> 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		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> DEHGAN, EBRAHIM 2100 OCEAN LANE SOUTH, UNIT 206 FT. LAUDERDALE FL 33316 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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