

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


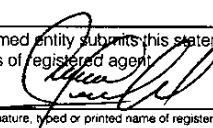
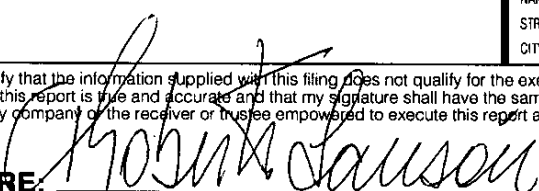
FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90039 021 ****50.00

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04252005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000072138 1. Entity Name THE POINT 1901, LLC			
Principal Place of Business 6834 HARDING AVENUE MIAMI BEACH, FL 33141		Mailing Address 6834 HARDING AVENUE MIAMI BEACH, FL 33141	
2. Principal Place of Business 20185 E COUNTRY CLUB DR		3. Mailing Address 20185 E. COUNTRY CLUB DR	
Suite, Apt. #, etc. 1207		Suite, Apt. #, etc. 1207	
City & State AVENTURA		City & State AVENTURA	
Zip 33180	Country USA	Zip 33180	Country USA
4. FEI Number 20-1894018		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent XIQUES, ALFREDO D 2665 SOUTH BAYSHORE DRIVE, SUITE 200 GRAND BAY PLAZA MIAMI, FL 33133		7. Name and Address of New Registered Agent Name MARIO GUZMAN Street Address (P.O. Box Number is Not Acceptable) 9130 S. WILSON BLVD STE # 1504 City MIAMI	
		FL Zip Code 33155	
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 		DATE 4/25/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME SANSON, ROBERTO	TITLE MGR	NAME SANSON ROBERTO
STREET ADDRESS 6834 HARDING AVENUE	CITY-ST-ZIP MIAMI BEACH, FL 33141	STREET ADDRESS 20185 E. COUNTRY CLUB DR. # 1207	CITY-ST-ZIP AVENTURA, FL. 33180
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME		TITLE NAME	
STREET ADDRESS STREET ADDRESS		STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME		TITLE NAME	
STREET ADDRESS STREET ADDRESS		STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME		TITLE NAME	
STREET ADDRESS STREET ADDRESS		STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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 		DATE 04-25-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE ROBERTO SANSON		Daytime Phone # 786 8539019	