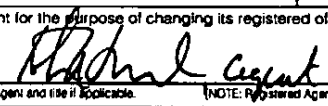
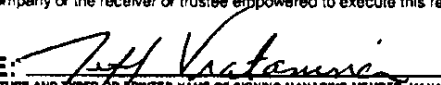


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90059 004 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                         |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000003514</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |        |                                                                              |
| 1. Entity Name<br><b>POINT IVANHOE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                         |                                                                              |
| Principal Place of Business<br><b>1030 NORTH ORANGE AVENUE SUITE 200<br/>ORLANDO, FL 32801</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Mailing Address<br><b>1030 NORTH ORANGE AVENUE SUITE 200<br/>ORLANDO, FL 32801</b>      |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | 3. Mailing Address<br><b>PO Box 608066</b>                                              |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | Suite, Apt. #, etc.                                                                     |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | City & State<br><b>Orlando, Florida</b>                                                 |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                         | Zip                                                                                     | Country                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | <b>32860-8066</b>                                                                       | <b>USA</b>                                                                   |
| 4. FEI Number<br><b>20-2188201</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | Applied For<br><input type="checkbox"/> Not Applicable                                  |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | <b>\$5.00 Additional Fee Required</b>                                                   |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | 7. Name and Address of New Registered Agent                                             |                                                                              |
| <b>GASDICK, MICHAEL J ESQ.<br/>390 N. ORANGE AVE.<br/>SUITE 260<br/>ORLANDO, FL 32801</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Name<br><b>F&amp;I Corp</b>                                                             |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Street Address (P.O. Box Number is Not Acceptable)<br><b>One Independent Drive</b>      |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Suite 1300                                                                              |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | City<br><b>Jacksonville</b>                                                             |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | <b>FL 32202</b>                                                                         |                                                                              |
| 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 <b>April 19, 2006</b>                                                              |                                                                              |
| Filing Fee is \$50.00<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | Make check payable to<br>Florida Department of State                                    |                                                                              |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 10. ADDITIONS/CHANGES                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | <b>MGRM<br/>Jeffrey J. Vratana<br/>2611 Technology Drive<br/>Orlando, Florida 32804</b> |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                         |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                         |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                         |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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 <b>04/18/06</b> 407.578.2000                                                       |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | Date Daytime Phone #                                                                    |                                                                              |

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03092006 Chg-LLC CR2E083 (11/05)