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

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

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000003514

1. Entity Name
POINT IVANHOE, LLC

Principal Place of Business	Mailing Address
1030 NORTH ORANGE AVENUE SUITE 200 ORLANDO, FL 32801	1030 NORTH ORANGE AVENUE SUITE 200 ORLANDO, FL 32801

30008416

03092006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
	PO Box 608066
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orlando, Florida
Zip / Country	Zip: 32860-8066 / Country: USA

4. FEI Number: 20-2188201 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GASDICK, MICHAEL J ESQ.
390 N. ORANGE AVE.
SUITE 260
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name: F&L Corp
Street Address (P.O. Box Number is Not Acceptable): One Independent Drive Suite 1300
City: Jacksonville FL Zip Code: 32202

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] Agent April 19, 2006
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: Jeffrey J. Vratanina STREET ADDRESS: 2611 Technology Drive CITY-ST-ZIP: Orlando, Florida 32804	☐ 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 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: Jeff Vratanina 04/18/06 407-578-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #