

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022394

Entity Name: POINT MANAGEMENT, LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

185 NE 4TH AVENUE  
104  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

185 NE 4TH AVENUE  
104  
NORTH MIAMI BEACH, FL 33483

**New Mailing Address:**

185 NE 4TH AVENUE  
104  
DELRAY BEACH, FL 33483

FEI Number: 20-2548346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MACKEN, ALAN S  
17071 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

LAUDANI, THOMAS D  
185 NE 4TH AVENUE  
DELRAY BEACH, FL 33483 US

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.

SIGNATURE: THOMAS LAUDANI

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MACKEN, ALAN S  
Address: 17071 WEST DIXIE HIGHWAY  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR ( ) Delete  
Name: LAUDANI, THOMAS D  
Address: 185 NE 4TH AVE NO 104  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS LAUDANI

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date