

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 MAY -3 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006342

1. Entity Name  
POINT DIREX, L.L.C.

Principal Place of Business  
200 S. ORANGE AVE., STE 2000 1430  
ORLANDO FL 32801

Mailing Address  
200 S. ORANGE AVE., STE 2000 1300  
ORLANDO FL 32801



2. Principal Place of Business  
Suite, Apt. #, etc.  
Suite 1430  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
Suite 1300  
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2511929 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
KHANANI, M. OWAIS  
200 S. ORANGE AVE., STE 2000 1300  
ORLANDO FL 32801

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite 1300  
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.

SIGNATURE [Signature] M. Owais Khanani 4-30-01  
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 Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	Khanani, M. Saleem	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHANANI, M. SALEEM Khanani		NAME	Suite 1300	
STREET ADDRESS	200 S. ORANGE AVENUE, SUITE 1540 1300		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHANANI, M. OWAIS		NAME	Suite 1300	
STREET ADDRESS	200 S. ORANGE AVENUE, SUITE 1540 1300		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHANANI, M. HANI		NAME	Suite 1300	
STREET ADDRESS	200 S. ORANGE AVENUE, SUITE 1540 1300		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [Signature] M. Owais Khanani 4-30-01 407/540-9191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0005363 AF

CR2E083 (11/00)