

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90082 016 ***150.00

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DOCUMENT # M98000000705 1. Entity Name POINTE ORLANDO LOGO, L.C.					
Principal Place of Business 420 LEXINGTON AVE. 7TH FLOOR NEW YORK, NY 10170			Mailing Address 420 LEXINGTON AVE. 7TH FLOOR NEW YORK, NY 10170		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 86-0913070 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04082005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent RALPH, CHRIS 9101 INTERNATIONAL DRIVE, SUITE 1040 ORLANDO, FL 32819				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BERNSTEIN, DEAN 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	420 Lexington Avenue, 7th Floor New York, NY 10170	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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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 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:		Dean Bernstein		4/7/2005 (212) 869-3000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	