

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000142

Entity Name: 3625 POINSETTIA, L.C.

FILED
May 05, 2008
Secretary of State

Current Principal Place of Business:

6435 HIGHCROFT DRIVE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

6435 HIGHCROFT DRIVE
NAPLES, FL 34119

New Mailing Address:

FEI Number: 59-3499136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLZKAMPER, HENRY
6435 HIGHCROFT DRIVE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOLZKAMPER, HENRY
Address: 6435 HIGHCROFT DRIVE
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: MOORE, JAN E
Address: 6435 HIGHCROFT DRIVE
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: JOSEPH V. FARAGO REV, OCABLE TRUST
Address: 2034 NORTH CLARK STREET
City-St-Zip: CHICAGO, IL 60614

ADDITIONS/CHANGES:

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

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: JF

MR

05/05/2008

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