

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90020 002 \*\*\*\*50.00

DOCUMENT # L02000016358

1. Entity Name  
**POINSETTIA PLAZA, L.C.**



Principal Place of Business  
**8808 BAY POINT DRIVE, UNIT B208  
TAMPA FL 33615**

Mailing Address  
**8808 BAY POINT DRIVE, UNIT B208  
TAMPA FL 33615**

2. Principal Place of Business  
**NONE**

3. Mailing Address  
**8908 Bay Pointe Dr. #B208**

Suite, Apt. #, etc.  
**#**

Suite, Apt. #, etc.  
**B208**

City & State  
**Tampa, FL**

City & State  
**Tampa, Florida**

Zip Country

Zip Country  
**33615 USA**

4. FEI Number  
**043701512**

Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**O'CONNOR & ASSOCIATES  
2240 BELLEAIR ROAD, SUITE 160  
CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name **CAMILLE MANGAKIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**8808 Bay Pointe Dr.  
#B208**  
City **TAMPA** FL Zip Code **33615**

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 **Camille Mangakis** DATE **2-17-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE <b>Director</b>	NAME <b>ALBERT V. Piccolo</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>4213 WINDING WILLOW DR</b>	CITY-ST-ZIP <b>Tampa FL 33624</b>	
TITLE <b>Secretary</b>	NAME <b>Charles Vissicchio</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>8815 Bay Pointe Dr</b>	CITY-ST-ZIP <b>Tampa FL 33615</b>	
TITLE <b>Director</b>	NAME <b>Michael Levy</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>AND</b>	CITY-ST-ZIP	
TITLE <b>Russell Levy</b>	NAME <b>Russell Levy</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>240-67 42 AVE</b>	CITY-ST-ZIP <b>Douglaston NY 11363</b>	
TITLE <b>Treasurer</b>	NAME <b>CAMILLE MANGAKIS</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>8808 Bay Pointe Dr #B208</b>	CITY-ST-ZIP <b>Tampa FL 33615</b>	
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete
STREET ADDRESS <b></b>	CITY-ST-ZIP	

TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST-ZIP	
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST-ZIP	
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST-ZIP	
TITLE <b>Secretary</b>	NAME <b></b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST-ZIP	
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST-ZIP	

CR2E083 (10/02)

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 Camille Mangakis** DATE **2-17-03 (813) 249-1899**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

We wish to keep our limited liability corporation.

Even though 2 MEMBERS wish to BE DELETED AND

There is NO BUSINESS AT THIS TIME, it may MATERIALIZE

This year so the REMAINING MEMBER will HOLD

ON TO LLC AS FOLLOWS:

25% Michael Levy (SS 084-46-8719)

25% Russell Levy (SS# 083-64-1374)

50% Camille Mangakis (SS# 113-32-6561)

ENCLOSED is our \$50 File Fee

Thank you

Camille Mangakis

(813) 249-1899

Attachment

30087299

# 102000016358