2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # A00000000924

1. Entity Name

POINCIANA AND MCLANE, LTD., LLLP

Principal Place of Business	Mailing Address
1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810	1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 59-3650545 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRICE, PAMELA O ESQ. 301 EAST PINE STREET, SUITE 1400 ORLANDO FL 32801	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! Fee is $500. * After May 1, 2008, fee will be $900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P94000077938 MARKAY MANAGEMENT, INC. 1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810	STREET ADDRESS CITY-ST-ZIP	000000915894 02/14/08--80028--010 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F00000001284 CANDYMAN CAN PRODUCTIONS, INC. 1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: ______________________________ 1/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #