2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

FILED Sep 28, 2004 08:00 AM Secretary of State

DOCUMENT # A0100001323 1. Entity Name GREEN PARK POINCIANA DEVELOPMENT, LTD.						Se	cretar	y of State	
Principal Place of Business _ 7345 SAND LAKE ROAD, SUITE 316 ORLANDO, FL 32819		Mailing Address 7345 SAND LAKE ROAD, SUITE 316 ORŁANDO, FL 32819							
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt #, etc.		09212004	Chg-LP	CR2E003	(10/03)	
City & Stat	9	City & State			4. FEI Number 26-005113	39		Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of S		Fee	.75 Additional Required	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and Add	iress of New R	egistered Age	nt	
6759 FÉRI	JADAO, DEBORAH 6759 FERNRIDGE DRIVE				Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO), FL 32835								
				City			FL	Zip Code	
	named entity submits this statement ions of registered agent.	for the purpose of changir	ng its register	ed office or register	ed agent, or both, in	the State of Flo	rida. I am fami	iliar with, and accept	
9. Capital Co	Signature, typed or printed name of registered age	to. Amount of C	`anital Contri	hutione		In accordance	DATE ce with s. 607	'.193(2)(b), F.S.,	
as Shown	A GENERAL PARTNER	In FLORIDA	to date.	UST BE REGIST	TERED AND ACT	prior notice.	IS OFFICE.	7.193(2)(b), F.S., I not receive the	
12.	NOTE: General Partners M GENERAL PARTNI		on the forn	<u> </u>		ADDRESS CHA		er.	
DOCUMENT #	P01000091163 POINCIANA BUSINESS DEVELOPMENT, INC.			EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	7345 SAND LAKE RD. SUITE# ORLANDO, FL 32819		CITY	r-st-zip					
DOCUMENT # NAME			STR	EET ADDRESS		Lices			
STREET ADORESS CITY-ST-ZIP			CITY	r-ST-ZIP		09/28/04	1-80001-	006 526.25	
DOCUMENT #			STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP					
DOCUMENT # NAME			STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			cm	Y-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS			STR	EET ADDRESS					
			ÇITY	Y·ST-ZIP					
DOCUMENT #			STR	EET ADDRESS					
STREET ADDRESS CITY+ST-ZIP				Y-ST-ZIP					
Indicated	certify that the information supplied will on this report is true and accurate an ver or trustee empowered to execute to	d that my signature shall h	have the sam	ie legal effect as if n	ection 119.07(3)(i), Fi nade under oath; tha	lorida Statutes I at I am a Genera	I further certify al Partner of the	that the information limited partnership or	
SIGNAT	URE: RICARDO M	ルぐっついし OR PRINTED NAME OF SIGNING G			2/21/	Date (407)298-	- 9181	