


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

|                                                                               |         |                                                                                   |         |
|-------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| DOCUMENT # A05000000641                                                       |         |  |         |
| 1. Entity Name<br>POINCIANA RAIL, LLLP                                        |         |                                                                                   |         |
| Principal Place of Business<br>105 E ROBINSON ST, STE 540<br>ORLANDO FL 32801 |         | Mailing Address<br>105 E ROBINSON ST, STE 540<br>ORLANDO FL 32801                 |         |
| 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 |

**FILED**

2007 MAR -5 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

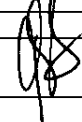
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|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 4. FEI Number<br>AP-PLIED FOR                                                                                          |  | Applied For<br>Not Applicable                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                              |  | \$8.75 Additional Fee Required                                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br>BYWATER, F.B.<br>105 E ROBINSON ST, STE 540<br>ORLANDO FL 32801 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, 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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | L00000009668<br>JOHN YOUNG DEVELOPMENT COMPANY, LLC<br>105 E ROBINSON ST, STE 540<br>ORLANDO FL 32801 | STREET ADDRESS<br>CITY - ST - ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                       | STREET ADDRESS<br>CITY - ST - ZIP |                                                                                       |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                       | STREET ADDRESS<br>CITY - ST - ZIP |                                                                                       |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                       | STREET ADDRESS<br>CITY - ST - ZIP |                                                                                       |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                       | STREET ADDRESS<br>CITY - ST - ZIP |                                                                                       |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                       | STREET ADDRESS<br>CITY - ST - ZIP |                                                                                       |

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03/13/07--01025--011 \*\*\*500.00

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: JB Bywater FB BYWATER 2/22/07 407 206 5731  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE