

A05U00000727

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PICK-UP

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(Business Entity Name)

(Document Number)

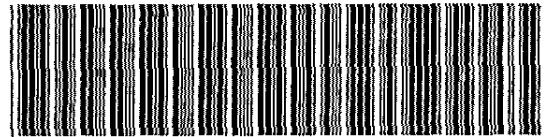
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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Office Use Only

*[Handwritten signature]*



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04/13/05--01032--012 \*\*77.50

FILED  
05 APR 13 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 APR 13 AM 11:57  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK  
DATE: 04-13-05  
REF. #: 000409.36847  
CORP. NAME: POINCIANA PARTNERS LLLP

\* File  
Second

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                    | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                                | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                        | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                                | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION                  |   |  |
| <input checked="" type="checkbox"/> OTHER: STATEMENT OF QUALIFICATION |   |  |

STATE FEES PREPAID WITH CHECK# 512156 FOR \$ 77.50.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**STATEMENT OF QUALIFICATION FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:  
POINCIANA PARTNERS LIMITED PARTNERSHIP

Insert limited partnership's Florida document number: A05000000727

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: POINCIANA PARTNERS LLLP  
(LLP, L.L.L.P.)

3. The street address of its chief executive office: 780 FISHERMAN STREET  
(if different from current recorded address): OPA-LOCKA, FLORIDA 33050

4. The street address of principal office in Florida: 780 FISHERMAN STREET  
(if different from above) OPA-LOCKA, FLORIDA 33050

5. The limited partnership hereby elects to be a limited liability limited partnership.

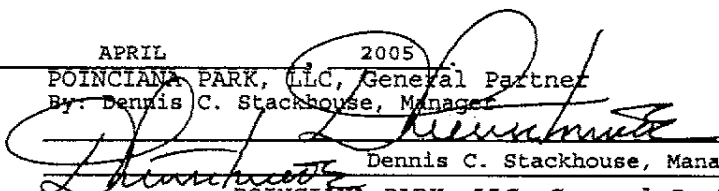
6. The effective date of this filing shall be:  
X as of the date this document is filed with the Florida Secretary of State  
or  
\_\_\_\_\_ a date later than the time of filing: \_\_\_\_\_

7. The name and Florida street address of the partnership's agent for service of process:  
AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. THIRD AVENUE, 28TH FLOOR  
MIAMI, Florida 33131

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 12 day of APRIL 2005  
POINCIANA PARK, LLC, General Partner  
By: Dennis C. Stackhouse, Manager

Signature of TWO Partners:

  
Dennis C. Stackhouse, Manager of LP  
POINCIANA PARK, LLC, General Partner

Typed or printed names of partners signing above: Dennis C. Stackhouse, Manager of GP  
POINCIANA PARK, LLC, Limited Partner  
Dennis C. Stackhouse, Manager of LP

Filing Fee: \$25.00  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

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