

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jun 26, 2001 08:00 AM****Secretary of State****DOCUMENT # A98000002745**1. Entity Name  
POINCIANA/GREENWALD II, LTD.

Principal Place of Business	Mailing Address
8065 S.W. 107TH AVE., #323	8065 S.W. 107TH AVE., #323
MIAMI FL 33173	MIAMI FL 33173

2. Principal Place of Business	3. Mailing Address
	18629 S.W. 107TH AVENUE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
	MIAMI FL

Zip	Country	Zip	Country
		33156	

4. FEI Number	Applied For
65-0905424	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN GARY LESQ. % BEDZOW, KORN, BROWN, LIPTON & MILLER, PA 20803 BISCAYNE BLVD., SUITE 200 AVENTURA FL 33180 US	Name BROWN GARY LESQ. Street Address (P.O. Box Number is Not Acceptable) %PHILLIPS,EISINGER,KOSS,ROTHSTEIN & ROSENF 4000 HOLLYWOOD BLVD. City HOLLYWOOD FL Zip Code 33021

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.

SIGNATURE \_\_\_\_\_ DATE 06/26/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 1,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	STREET ADDRESS CITY-ST-ZIP
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ERIC T. REARDON MR 06/26/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)