

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010364 AT

DOCUMENT # A98000002745

1. Entity Name  
POINCIANA/GREENWALD II, LTD.



FILED

03 MAY 22 AM 8:00

Principal Place of Business  
P.O. BOX 770188  
MIAMI FL 33177

Mailing Address  
18629 S.W. 107TH AVENUE  
MIAMI FL 33156

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

18629 SW 107 AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
Miami, FL

City & State

4. FEI Number 65-0905424

Applied For

Not Applicable

Zip  
33157

Country  
USA

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, GARY L ESQ.  
%PHILLIPS, EISINGER, KOSS, ROTHSTEIN & ROSENF  
4000 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

REARDON LEVINE MANAGEMENT INC  
18629 SW 107 AVE  
MIAMI FL 33157

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 DANIEL A. LEVINE V.P. 4-30-03

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 FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # P97000078139  
NAME POINCIANA DEVELOPMENT COMPANY II  
STREET ADDRESS 8065 S.W. 107TH AVE., #323  
CITY-ST-ZIP MIAMI FL 33173

13. ADDRESS CHANGES ONLY

STREET ADDRESS 18629 SW 107 AVE  
CITY-ST-ZIP MIAMI, FL 33157

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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 SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ERIC REARDON, PRES 4/30/03 969-0005

Date

Daytime Phone #

CR2E003 (10/02)