2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005725

1. Entity Name

POINSETTIA-LIME, LLC

Principal Place of Business	Mailing Address
1200 S. SWINTON AVENUE DELRAY BEACH FL 33444	1200 S. SWINTON AVENUE DELRAY BEACH FL 33444

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1006567 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
KLEIN, RICHARD B 1200 SWINTON AVENUE DELRAY BEACH FL 33444	Name Street Address (P.O. Box Number is Not Acceptable) City ___ 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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
MGRM **KLEIN, RICHARD B** **1200 S. SWINTON AVE.** **DELRAY BEACH FL 33444**	☐ Delete		☐ Change	☐ Addition
	☐ Delete		☐ Change	☐ Addition
	☐ Delete		☐ Change	☐ Addition
	☐ Delete		☐ Change	☐ Addition
	☐ Delete		☐ Change	☐ Addition
	☐ Delete		☐ Change	☐ Addition

CR2E083 (10/02)

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Michael Weber_   2/27/03   561.573.2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #