

SE, READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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1. DOCUMENT # L01000014454

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0002298 01 FP 0.352 \*\*PRSRT T7 0 0615 33146-295381  
 POINCIANA/GREENWALD VI, L.L.C.  
 1320 S. DIXIE HIGHWAY  
 SUITE 781  
 CORAL GABLES FL 33146-2953



<b>2. New Mailing Address</b>  City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 1320 S. DIXIE HIGHWAY SUITE 781 CORAL GABLES FL 33146		<b>5. Date Organized or Qualified To Do Business in Florida</b> 08/24/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 22-3822960	Applied For Not Applicable
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	
		<b>\$5.00 Additional Fee required for a Certificate of Status</b>	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
BROWN, GARY L ESQ. 4000 HOLLYWOOD BLVD. SUITE 265 SOUTH HOLLYWOOD FL 33021	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL


**10.** I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_

**REGISTERED AGENT MUST SIGN**

[illegible]

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager  Date 10/24/02 Daytime Phone # 325 6674856