


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000014454 1. Entity Name POINCIANA/GREENWALD VI, L.L.C.	
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Principal Place of Business 1320 S. DIXIE HIGHWAY SUITE 781 CORAL GABLES, FL 33146	Mailing Address 1320 S. DIXIE HIGHWAY SUITE 781 CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



01222004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 22-3822960	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, GARY L ESQ. 4000 HOLLYWOOD BLVD. SUITE 265 SOUTH HOLLYWOOD, FL 33021	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00
Due by May 1, 2004**

000000030862
02/04/04-80127-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POINCIANA DEVELOPMENT COMPANY VI, INC. 1320 S. DIXIE HIGHWAY CORAL GABLES, FL 33146
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **1/22/04 (305) 6674856**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Overtime Phone #