

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020888

Entity Name: POINCIANA GROUP, LLC

FILED
Jun 30, 2006
Secretary of State

Current Principal Place of Business:

2450 N.W. 76TH STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

2450 N.W. 76TH STREET
MIAMI, FL 33147

New Mailing Address:

FEI Number: 42-1614651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HILL, MARLON A
200 S. BISCAYNE BLVD., SUITE 2680
MIAMI, FL 33131 US

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: YAP, GEORGE
Address: 2450 N.W. 76TH STREET
City-St-Zip: MIAMI, FL 33147

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: YAP, ANDREW P
Address: 2450 NW 76 STREET
City-St-Zip: MIAMI, FL 33147

Title: D () Change (X) Addition
Name: YAP, SEAN D
Address: 2450 NW 76 STREET
City-St-Zip: MIAMI, FL 33147

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: L. GEORGE YAP

D

06/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date