


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000030480</b>		
1. Entity Name <b>POINCIANA F-7, LLC</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUN 16 AM 9:39

Principal Place of Business <b>1257 COOPER DR NAPLES, FL 34103</b>	Mailing Address <b>1257 COOPER DR NAPLES, FL 34103</b>
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2. Principal Place of Business <b>698 Regatta Court</b>	3. Mailing Address <b>698 Regatta Court</b>
Suite Apt # etc.	Suite Apt # etc.



05302006 REIN-LLC CR2E101 (11/05)

City & State <b>Naples, Florida</b>	City & State <b>Naples, Florida</b>
Zip <b>34103</b>	Country <b>Collier</b>
Zip <b>34103</b>	Country <b>Collier</b>

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>BOWIE, RAYMOND J ESQ 900 SIXTH AVE SOUTH #104 NAPLES, FL 34102</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$200.00</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMASI, MARK <del>1267 COOPER DR</del> <del>NAPLES, FL 34103</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMASI, Mark 698 Regatta Court Naples, Florida 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Mark Tomasi</i>	Date: <i>5/31/06</i>	Daytime Phone #: <i>239 821 1788</i>
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