


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2007 08:00 AM
Secretary of State

| | |
|---------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L04000030480 |  |
| 1. Entity Name POINCIANA F-7, LLC | |

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|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business 698 REGATTA COURT NAPLES FL 34103 | Mailing Address 698 REGATTA COURT NAPLES FL 34103 |
|----------------------------------------------------------------------------|----------------------------------------------------------------|



| | |
|-------------------------------------------------------|---------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E083 (10/06)

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| 6. Name and Address of Current Registered Agent BOWIE, RAYMOND J ESQ 900 SIXTH AVE SOUTH #104 NAPLES FL 34102 |
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|----------------------------------------------------|
| 7. Name and Address of New Registered Agent |
| 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 _____ (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, 2007

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY ST ZIP | MGRM TOMASI, MARK 698 REGATTA COURT NAPLES FL 34103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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03/27/07-80067-010 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mark Tomasi **3/16/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #