

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90019 023 ****50.00

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DOCUMENT # L04000040330	
1. Entity Name POINCIANA PARK, LLC	



Principal Place of Business 780 FISHERMAN STREET 4TH FLOOR OPA-LOCKA, FL 33054 US	Mailing Address 780 FISHERMAN STREET 4TH FLOOR OPA-LOCKA, FL 33054 US
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2. Principal Place of Business <i>780 fisherman Street</i>	3. Mailing Address
Suite, Apt. #, etc. <i>3rd Floor, Suite 334</i>	Suite, Apt. #, etc. <i>3rd Floor, Suite 334</i>
City & State <i>OPA-locka FL</i>	City & State
Zip <i>33054</i>	Country <i>USA</i>

03202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1983830	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 AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE 28TH FL MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STACKHOUSE, DENNIS C 780 FISHERMAN STREET, 4TH FLOOR OPA-LOCKA, FL 33054 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date _____	Daytime Phone # _____
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