

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90407 027 \*\*\*138.75

**DOCUMENT # L04000068381**

1. Entity Name  
**POINCIANA RB-GEM LLC**



**Principal Place of Business**

**4937 S.W. 75 AVE.  
BUILDING B UNIT 21  
MIAMI, FL 33155**

**Mailing Address**

**4937 S.W. 75 AVE.  
BUILDING B UNIT 21  
MIAMI, FL 33155**

**60012248**



01182008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1721318**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FERNANDEZ-VALLE, MARIA  
10570 N.W. 27TH STREET, UNIT 103  
MIAMI, FL 33172**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
RB-GEM MANAGEMENT LLC  
4937 S.W.-75 AVE., BUILDING B UNIT 21--  
MIAMI, FL 33173**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2/20/08 305-667-8584**