2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

03-23-2006 90266 031 ****50.00
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # L05000006474

1. Entity Name

POINSETTIA RIDGE ESTATES, LLC

Principal Place of Business	Mailing Address
1937 EAST ATLANTIC BLVD., STE. 9 POMPANO BEACH FL 33060	1937 EAST ATLANTIC BLVD., STE. 9 POMPANO BEACH FL 33060

2. Principal Place of Business | 3. Mailing Address

Suite, Apt — CHANGE of Place of Business & Mailing Address.
2101 N Andrews Ave, Suite 107
City & St — Wilton Manors, FL 33311

Zip | Country | Zip | Country

1st MOORE CR2E083 (10/05)

4. FEI Number 20-2336701 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WAGNER ROSEN, EVE
2101 N Andrews Ave, Suite 403
Wilton Manors, FL 33311

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (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, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR James M. Beeson 2101 N Andrews Ave Wilton Manors, FL 33311 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #