

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

03-23-2006 90266 031 ****50.00

FILE# L05000006474

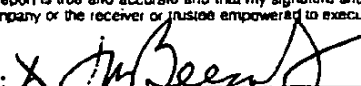
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000006474					
1. Entity Name POINSETTIA RIDGE ESTATES, LLC					
Principal Place of Business 1937 EAST ATLANTIC BLVD., STE. 9 POMPANO BEACH FL 33060			Mailing Address 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	4. EE Number 20-2336701	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
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 _____ DATE _____ Signature, typed or printed name of registered agent and see 4 exceptions (NOTE: Registered Agent signature required when reappointing)					
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:  DATE _____ DAYTIME PHONE # _____ SIGNATURE AND TYPED OR PRINTED NAME OF EACHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					