

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90023 036 \*\*\*\*50.00

<b>DOCUMENT # L05000052730</b> 1. Entity Name <b>POINCIANA GATEWAY CENTER, LLC</b>					
Principal Place of Business <b>104 CHURCH STREET KISSIMMEE, FL 34741</b>			Mailing Address <b>104 CHURCH STREET KISSIMMEE, FL 34741</b>		
2. Principal Place of Business <b>8 BROADWAY</b> Suite, Apt. #, etc. <b>Suite 218</b> City & State <b>Kissimmee</b> Zip <b>34741</b>		3. Mailing Address <b>8 BROADWAY</b> Suite, Apt. #, etc. <b>Suite 218</b> City & State <b>Kissimmee</b> Zip <b>34741</b>		4. FEI Number <b>20-2902781</b>	
Country <b>USCLOLA</b>		Country <b>USCLOLA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRADLEY, RICHARD 1134 NEW YORK AVENUE ST. CLOUD, FL 34769</b>			7. Name and Address of New Registered Agent Name <b>Susie Roger's</b> Street Address (P.O. Box Number is Not Acceptable) <b>8 BROADWAY</b> <b>Suite 218</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34741</b>		
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 <b>X. Susan Rogers</b> (NOTE: Registered Agent signature required when transferring) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ARNOLD, GEORGE 104 CHURCH STREET KISSIMMEE, FL 34741</b>	<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	<b>MGR RAY PARSONS 8 BROADWAY SUITE 218 KISSIMMEE FL 34741</b>	<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
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
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
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
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.					
<b>SIGNATURE:</b> <b>GEORGE ARNOLD</b> <b>4.19.06</b> <b>407.847.4796</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #</small>					