


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90515 048 ***138.75

DOCUMENT # L05000052730 1. Entity Name POINCIANA GATEWAY CENTER, LLC					
Principal Place of Business 8 BROADWAY STE 218 KISSIMMEE, FL 34741			Mailing Address 8 BROADWAY STE 218 KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box # 202 Broadway Suite, Apt. #, etc.		3. Mailing Address 202 Broadway Suite, Apt. #, etc.			
City & State KISSIMMEE, FLORIDA Zip 34741 Country US		City & State KISSIMMEE, FLORIDA Zip 34741 Country US		4. FEI Number 20-2902781	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROGER'S, SUSIE 8 BROADWAY STE 218 KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name SUSIE ROGERS Street Address (P.O. Box Number is Not Acceptable) 202 BROADWAY City KISSIMMEE FL 34741	
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] DATE 4.18.08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARNOLD, GEORGE 104 CHURCH STREET KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARSON, RAY 8 BROADWAY STE 218 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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] DATE 4.18.08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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