2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L05000052730

Entity Name: POINCIANA GATEWAY CENTER, LLC

Current Principal Place of Business:

202 BROADWAY
KISSIMMEE, FL 34741 US

New Principal Place of Business:

117 B BROADWAY
KISSIMMEE, FL 34741 US

Current Mailing Address:

202 BROADWAY
KISSIMMEE, FL 34741 US

New Mailing Address:

117 B BROADWAY
KISSIMMEE, FL 34741 US

FEI Number: 20-2902781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGER'S, SUSIE
202 BROADWAY
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

ROGERS, SUSIE
117 B BROADWAY
KISSIMMEE, FL 34741 US

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.

SIGNATURE: SUSIE ROGERS 04/14/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ARNOLD, GEORGE
Address: 104 CHURCH STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: MGR ( ) Delete
Name: PARSON, RAY
Address: 202 BROADWAY
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ARNOLD, GEORGE
Address: 1110 PENNSYLVANIA AVE
City-St-Zip: ST CLOUD, FL 34769

Title: MGR (X) Change ( ) Addition
Name: PARSON, RAY
Address: 117 B BROADWAY
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAY PARSONS MGR 04/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date