

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # L05000108294

1. Entity Name
POINCIANA INVESTMENTS IS, LLC



Principal Place of Business
7575 DR. PHILLIPS BLVD., SUITE 210
ORLANDO, FL 32819

Mailing Address
7575 DR. PHILLIPS BLVD., SUITE 210
ORLANDO, FL 32819



02252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3761359

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, SOUTH, MILHAUSEN & CARR, P.A.
C/O RICHARD D. BAXTER, ESQ.
2699 LEE ROAD, SUITE 120
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

000000907477

05/05/08-80039-025 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEWLESS, JEROME E II
STREET ADDRESS	7575 DR. PHILLIPS BLVD., SUITE 210
CITY- ST - ZIP	ORLANDO, FL 32819
TITLE	MGR
NAME	LYNCH, J. CRAIG
STREET ADDRESS	7575 DR. PHILLIPS BLVD., SUITE 210
CITY- ST - ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Cynthia Foco* Cynthia Foco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/25/08

Date

(407) 345-8400

Daytime Phone #