2008 LIMITED LIABILITY COMPANY

Apr 15, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # L05000112636 1. Entity Name POINCIANA PLANTATION LLC Principal Place of Business Mailing Address 127 AVENUE B 127 AVENUE B APALACHICOLA, FL 32320 APALACHICOLA, FL 32320 02182008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 32-0185274 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPOHRER, LYNN WILSON DO NOT WRITE 127 AVENUE B APALACHICOLA, FL. FL. 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 <u>Напапарасова.</u> 04/28/08-80016-010 138.75 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS **MGRM** TITLE WILSON, LYNN NAME STREET ADDRESS 127 AVENUE B APALACHICOLA, FL 32320 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-ZIP

FILED