2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90035 007 ****50.00

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04202007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000090068

1. Entity Name
POINSETTIA DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
2119 W. CASS ST. TAMPA, FL 33609	2119 W. CASS ST. TAMPA, FL 33609

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3003 W. Azeele St.		3003 W. Azeele St.	
Suite, Apt. #, etc.: Suite 200		Suite, Apt. #, etc.: 200	
City & State: Tampa, FL		City & State: Tampa, FL	
Zip: 33609	Country: USA	Zip: 33609	Country: USA

4. FEI Number: 06-1792262 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HICKS, HENRY W 3003 W. AZEELE ST. SUITE 200 TAMPA, FL 33609	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HICKS, HENRY W 3003 W. AZEELE ST., SUITE 200 TAMPA, FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAJOR, CHRISTINE 3003 W. AZEELE ST., SUITE 200 TAMPA, FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: [signature] Henry W. Hicks 4-20-07 813-876-3113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #