


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

04-29-2008 90022 012 ***138.75

DOCUMENT # L07000084613	
1. Entity Name WSG POINSETTIA MEZZ, LLC	

Principal Place of Business 400 ARTHUR GODFREY ROAD, STE. 200 MIAMI BEACH, FL 33140	Mailing Address 400 ARTHUR GODFREY ROAD, STE. 200 MIAMI BEACH, FL 33140
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30009073



2. Principal Place of Business - No P.O. Box #	3. Mailing Address	03172008	Chg-LLC	CR2E083 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent LAMONT NEIMAN INTERIAN & BELLET, P.A. ONE BISCAYNE TOWER, 3550 TWO SOUTH BISCAYNE BLVD. MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 renewing)) DATE _____

**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 Managing member Shoppa, Eric 400 Arthur Godfrey Rd #200 Miami Beach, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 _____

4/24/08