


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

04-24-2008 90011 009 ***138.75

DOCUMENT # L07000101636

1. Entity Name
POINSETTIA TERRACE APARTMENTS, LLC



Principal Place of Business Mailing Address

850 N. ATLANTIC AVE. X
 UNIT D-304
 COCOA BEACH, FL 33232

P.O. BOX 321123
 COCOA BEACH, FL 33232

30008482

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

204 JOHNSON AVE P.O. BOX **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

CAPE CANAVERAL, FL

Zip Country Zip Country

32920 BREUARD



03272008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

DALEY, DAVID B
850 N. ATLANTIC AVE.
UNIT D-304
COCOA BEACH, FL 33232

4. FEI Number Applied For

Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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MANAGING MEMBER
DAVID DALEY
PO BOX 321123
COCOA BEACH, FL 32932

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: David Daley **DAVID DALEY** May 29 2008 321 783 1375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #