

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000000332

1. Entity Name
POINCIANA LAND INVESTMENTS, L.C.



Principal Place of Business

**6500 N.W. 72 AVENUE
MIAMI, FL 33166**

Mailing Address

**6500 N.W. 72 AVENUE
MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



04112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0741963

Applied For
☐ Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAGE, GONZALO M
6500 N.W. 72 AVENUE
MIAMI, FL 33166**

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
COHEN, MARK D
4000 HOLLYWOOD BLVD STE 485
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LAGE, GONZALO M
6500 N. W. 72 AVENUE
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CHALBAUD, LUIS RAMON
6500 NW 72 AVE
MIAMI, FL 33166**

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**

1100000332618
04/26/05-80065-011 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

LUIS R. CHALBAUD

4/22/05

(305) 436-9787 Ext.117

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

Date

Daytime Phone #