## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L9700000332

1. Entity Name

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**FILED** Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90231 033 \*\*\*\*55.00

POINCIAN	A LAND INVESTMENTS, L.C.		Bi						
		Mailing Address 6500 N.W. 72 AVENUE MIAMI FL 33166							
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Num				oplied For	
Zip Country		Zip Country			· · · · · · · · · · · · · · · · · · ·	<b>A</b> _	\$5.00 Add	ot Applicable	
·	6 Name and Address of Coursest B	<u></u>	· · ·	!		ite of Status Desired		Fee Require	d
	6. Name and Address of Current R	agistered Agent	N	ame	/, Name a	nd Address of New Reg	Jistered A	igent	
LAGE, GONZALO M 6500 N.W. 72 AVENUE			S	treet Address (F	P.O. Box Num	ber is Not Acceptable)			
MIAN	MI FL 33166								
			С	ity	· <del></del>		FL	Zip Code	э
	named entity submits this statement for lons of registered agent.	the purpose of changing its re	egistered o	ffice or registere	ed agent, or b	ooth, in the State of Florid	da. I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent an	d title of applicable (NOTE )	Po mintove d A no	nt nimbat are an ired	han relegation		DATE		<del></del>
	Signature, typed of printed name of registered agent an	1		nt signature required	when reinstating)		DATE		
		Make Check Payable		i IS \$50.00 a Departmer	nt of State				
			By May 1	-					1
9.	MANAGING MEMBER	S/MANAGERS	10,			ADDITIONS/C	HANGES		
TITLE	MGRM	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	COHEN, MARK D 4000 HOLLYWOOD BLVD STE 48	5	NAME STREET AD	DRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33021	•	CITY-ST-Z	riP					
TITLE	MGRM	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	LAGE, GONZALO M		NAME Street ad	nacce					
CITY-ST-ZIP	6500 N. W. 72 AVENUE MIAMI FL 33166		CITY-ST-Z	1					1
TITLE	MCDM	Delete _	TITLE	MGRN			<u></u>	Change	Addition
NAME OTRET LODGES	CHALBAUD, LUIS RAMON		NAME	ſ		LUIS RAMON		_	li.
STREET ADDRESS ' CITY-ST-ZIP	520 BRICKELL DRIVE, #1007 MIAMI FL 33131		STREET AD CITY-ST-Z	1 0200		72 Avenue rida 33166			
TITLE	MINIMI I C 33 13 1	☐ Delete	TITLE		ILL FIO	L104 33100		☐ Change	Addition
NAME			NAME						ĺ
STREET ADDRESS CITY-ST-ZIP			STREET AD CITY-ST-Z						
TITLE	<u> </u>	☐ Delete	TITLE					☐ Change	Addition
NAME		L Doloto	NAME					□ Cildingo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS			STREET AD						.
CPPY-ST-ZIP		<u> </u>	CITY-ST-Z	P					
TITLE NEME		☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS			STREET AD	DRESS		,			
CITY-ST-ZIP	<u> </u>		CITY-ST-Z						
11 I hereny c	ertify that the information supplied with the	his filing does not qualify for th	na avamati	an etated in Sac	ction 119 07/3	3)(i) Florida Statutoe I fu	irthor cort	ify that the in	oformation

Energy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. 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.

ATURIGORZEOMILEGE OMGRM SIGNATURE: SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/21/03

(305) 436-9787

Daytime Phone #