

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000142

Entity Name: 3625 POINSETTIA, L.C.

FILED
Mar 17, 2004
Secretary of State

Current Principal Place of Business:

12795 HUNTERS RIDGE DR
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

12795 HUNTERS RIDGE DR
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 59-3499136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLZKAMPER, HENRY
12795 HUNTERS RIDGE DRIVE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HOLZKAMPER, HENRY
Address: 12795 HUNTERS RIDGE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM () Delete
Name: MOORE, JAN E
Address: 12795 HUNTERS RIDGE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM () Delete
Name: JOSEPH V. FARAGO REV, OCABLE TRUST
Address: 2034 NORTH CLARK STREET
City-St-Zip: CHICAGO, IL 60614

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HENRY HOLZKAMPER

MGRM

03/17/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date