

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90026 021 \*\*\*143.75

**60038589**



<b>DOCUMENT # M07000001611</b> 1. Entity Name <b>POINCIANA PARKWAY COMPANY LLC</b>					
Principal Place of Business <b>201 ALHAMBRA CIR, 12TH FL CORAL GABLES, FL 33134</b>			Mailing Address <b>201 ALHAMBRA CIR, 12TH FL CORAL GABLES, FL 33134</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-8524471</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KERRIGAN, JUANITA I 201 ALHAMBRA CIR, 12TH FL CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR AVATAR HOLDINGS INC. 201 ALHAMBRA CIR, 12TH FL CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVATAR PROPERTIES INC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KELPER, GERALD D. 201 ALHAMBRA CIR, 12 FL CORAL GABLES, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LEVY, MICHAEL 201 ALHAMBRA CIR, 12 FL CORAL GABLES, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FELS, JONATHAN 201 ALHAMBRA CIR, 12 FL CORAL GABLES, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V T KOTER, RANDY L. 201 ALHAMBRA CIR, 12 FL CORAL GABLES, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V S KERRIGAN, JUANITA I. 201 ALHAMBRA CIR, 12 FL CORAL GABLES, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE: By: Juanita I. Kerrigan, VP/Sec.</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<b>4/25/08 (305) 442-7000</b> Date Daytime Phone #		