

**2009 LIMITED PARTNERSHIP ANNUAL REPORT**

**FILED  
Apr 15, 2009  
Secretary of State**

DOCUMENT# A00000001016

Entity Name: 1607 PONCE, LLLP.

**Current Principal Place of Business:**

2199 PONCE DE LEON BLVD  
SUITE 500  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2199 PONCE DE LEON BLVD  
SUITE 500  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-1018432      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REISER, SHALOM  
2199 PONCE DE LEON BLVD  
SUITE 400  
CORAL GABLES, FL 33134 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

**GENERAL PARTNER INFORMATION:**

Document #:  
Name: REISER, SHALOM  
Address: 2199 PONCE DE LEON BLVD, SUITE 500  
City-St-Zip: CORAL GABLES, FL 33134

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: SHALOM REISER

GP

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date