

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90024 027 \*\*\*\*55.00

<b>DOCUMENT # L00000011139</b>					
<b>1. Entity Name</b> PONCE PARK INVESTMENTS LLC					
<b>Principal Place of Business</b> 2719 PONCE DE LEON BLVD CORAL GABLES, FL 33134			<b>Mailing Address</b> 2719 PONCE DE LEON BLVD CORAL GABLES, FL 33134		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1039919	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ROGER SESU, P.A. 1925 BRICKELL AVENUE, SUITE D-206 MIAMI, FL 33129			<b>7. Name and Address of New Registered Agent</b> Name: <u>OSCAR HIDALGO</u> Street Address (P.O. Box Number is Not Acceptable): <u>2719 Ponce de Leon Blvd.</u> City: <u>Coral Gables</u> <b>FL</b> Zip Code: <u>33134</u>		
<b>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.</b>  SIGNATURE: <u>[Signature]</u> <u>OSCAR HIDALGO</u> <u>4-18-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIDALGO, OSCAR 1925 BRICKELL AVE., SUITE D-206 MIAMI, FL 33129	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2719 Ponce de Leon Blvd. Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>OSCAR HIDALGO</u> <u>4-18-05</u> <u>305-269-0060</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4-18-05</u> Daytime Phone #: <u>305-269-0060</u>		