


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

| | |
|----------------------------------|---|
| DOCUMENT # L01000017886 |  |
| 1. Entity Name 912 PONCE, LLC | |

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| Principal Place of Business 4300 N. UNIVERSITY DRIVE SUITE A-106 FT. LAUDERDALE, FL 33351 | Mailing Address 4300 N. UNIVERSITY DRIVE SUITE A-106 FT. LAUDERDALE, FL 33351 |
|--|--|

DO NOT WRITE IN THIS SPACE



04012004 No Chg-LLC CR2E083 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 65-1148087 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

LEVINE & SEGAL, P.A.
4300 N. UNIVERSITY DRIVE
SUITE A-106
FT. LAUDERDALE, FL 33351

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LEVINE, HOWARD A 4300 N. UNIVERSITY DRIVE FT. LAUDERDALE, FL 33351 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LEVINE, LAWRENCE A 4300 N. UNIVERSITY DRIVE FT. LAUDERDALE, FL 33351 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KRIPS, THOMAS H 317 E. ACRE DRIVE PLANTATION, FL 33317 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LA VALLEE, JAMES L 109 SE 13TH STREET FT. LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/26/04-80114-002 50.00

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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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4/20/04 954-749-6700
Date Daytime Phone #