


**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
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**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 & SEGAUL, 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	

000000130313  
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:  Date: 4/20/04 Daytime Phone #: 954-749-6700