

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90313 003 ***138.75

60025924



| | | | | | |
|--|---------------------|---|--|---|-----------------------------------|
| DOCUMENT # L05000004378 | | | | | |
| 1. Entity Name 2020 PONCE, LLC | | | | | |
| Principal Place of Business 100 SOUTH BISCAYNE BOULEVARD, SUITE 1100 MIAMI, FL 33131 | | | Mailing Address 100 SOUTH BISCAYNE BOULEVARD, SUITE 1100 MIAMI, FL 33131 | | |
| 2. Principal Place of Business - No P.O. Box # <i>100 S. Biscayne Blvd</i> Suite, Apt. #, etc. <i>Ste 900</i> | | 3. Mailing Address <i>100 S Biscayne Blvd</i> Suite, Apt. #, etc. <i>Ste 900</i> | | 04092008 Chg-LLC CR2E083 (12/06) | |
| City & State <i>Miami FL</i> | | City & State <i>Miami FL</i> | | 4. FEI Number 20-2208476 | |
| Zip <i>33131</i> | | Country <i>USA</i> | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CROGAN, KATHLEEN 100 SOUTH BISCAYNE BOULEVARD, SUITE 1100 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HOLLO, TIBOR | | NAME | | |
| STREET ADDRESS | 160 S BISCAYNE | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI, FL 33131 | | CITY - ST - ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HOLLO, WAYNE | | NAME | | |
| STREET ADDRESS | 100 S BISCAYNE BLVD | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI, FL 33131 | | CITY - ST - ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HOLLO, JEROME | | NAME | | |
| STREET ADDRESS | 100 S BISCAYNE BLVD | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI, FL 33131 | | CITY - ST - ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KASSMAN, BRUCE | | NAME | | |
| STREET ADDRESS | 100 S BISCAYNE BLVD | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI, FL 33131 | | CITY - ST - ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KATZ, LEONARD | | NAME | | |
| STREET ADDRESS | 100 S BISCAYNE BLVD | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI, FL 33131 | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| 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. | | | | | |
| SIGNATURE: <i>Kathleen Crogan</i> Date: <i>4.15.08</i> | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |