


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000022658

1. Entity Name
 3121 PONCE, LLC



Principal Place of Business 3109 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146	Mailing Address 3109 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2463982	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

SHERMAN, THOMAS G ESQ
 218 ALMERIA AVENUE
 CORAL GABLES, FL 33134

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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 _____

Filing Fee is \$50.00
Due by May 1, 2007

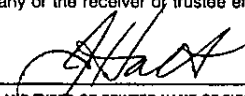
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUTTOE, JACQUELINE 3109 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAHNE, PATRICIA 3109 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146
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 05/15/07-80143-016 50.00

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____