

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120495

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** PONTE GADEA GABLES LLC

**Current Principal Place of Business:**

2701 LEJEUNE RD.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2701 LEJEUNE RD.  
CORAL GABLES, FL 33134

**New Mailing Address:**

270 BISCAYNE BOULEVARD WAY  
SUITE 201  
MIAMI, FL 33131

FEI Number: 20-8089010

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROJAS, ALINA  
270 BISCAYNE BOULEVARD WAY  
SUITE 201  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: VP  
Name: ROJAS, ALINA L  
Address: 270 BISCAYNE BOULEVARD WAY SUITE 201  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: ARNAU SIERRA, JOSE  
Address: 270 BISCAYNE BOULEVARD WAY SUITE 201  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: CARRO MERCHAN, JAIME  
Address: 270 BISCAYNE BOULEVARD WAY SUITE 201  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: CIBEIRA MOREIRAS, ROBERTO  
Address: 270 BISCAYNE BOULEVARD WAY SUITE 201  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ALINA L ROJAS

VP

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date