

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90085 003 \*\*\*\*50.00

**20048407**



07062006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L04000093570</b> 1. Entity Name 1575 PONCE DE LEON COMPANY, LLC																																															
Principal Place of Business C/O AMERICAN INFORMATION SERVICES INC ONE SE 3RD AVE 28TH FLOOR MIAMI, FL 33131			Mailing Address C/O AMERICAN INFORMATION SERVICES INC ONE SE 3RD AVE 28TH FLOOR MIAMI, FL 33131																																												
2. Principal Place of Business <i>450 E Las Olas Blvd.</i> Suite, Apt. #, etc. <i>Suite 1500</i> City & State <i>Fort Lauderdale, FL</i> Zip <i>33301</i> Country <i>us</i>		3. Mailing Address <i>450 E Las Olas Blvd.</i> Suite, Apt. #, etc. <i>Suite 1500</i> City & State <i>Fort Lauderdale, FL</i> Zip <i>33301</i> Country <i>us</i>		4. FEI Number NOT APPLICABLE 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 AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, SUITE 2800 MIAMI, FL 33131																																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																											
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State																																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;">           MGR            HANDLEY, RICHARD L            C/O ONE S.E. 3RD AVE., 28TH FLOOR            MIAMI, FL 33131         </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANDLEY, RICHARD L C/O ONE S.E. 3RD AVE., 28TH FLOOR MIAMI, FL 33131	<input type="checkbox"/> Delete																			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <i>450 E Las Olas Blvd, Ste 1500</i>  <i>Fort Lauderdale, FL 33301</i> </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>450 E Las Olas Blvd, Ste 1500</i> <i>Fort Lauderdale, FL 33301</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																		
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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: <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <i>7/6/06</i> Daytime Phone #: <i>954-627-5000</i>																																												