

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020976

FILED  
Mar 21, 2008  
Secretary of State

Entity Name: 1607 PONCE DE LEON PARTNERS, LLC

**Current Principal Place of Business:**

6817 SW 81ST TERR  
MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

1624 MICANOPY AVE.  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 56-2369488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHEAR, DAVID  
201 ALHAMBRA CIR., STE. 601  
CORAL GABLES, FL 33134 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: MGRM ( ) Delete  
Name: SHEAR, GARY  
Address: 6817 SW 81ST TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: MGRM ( ) Delete  
Name: 1607 GABLES VENTURE,, LLC  
Address: 1624 MICANOPY AVE.  
City-St-Zip: MIAMI, FL 33133

Title: MGRM ( ) Delete  
Name: TREISTER, CHARLES  
Address: 1624 MICANOPY AVE  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHARLES TREISTER

MGRM

03/21/2008

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