## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000020976

**Current Principal Place of Business:** 

Entity Name: 1607 PONCE DE LEON PARTNERS, LLC

FILED Mar 24, 2009 Secretary of State

**New Principal Place of Business:** 

6817 SW 81ST TERR MIAMI, FL 33143 **Current Mailing Address: New Mailing Address:** 1624 MICANOPY AVE. COCONUT GROVE, FL 33133 FEI Number: 56-2369488 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHEAR, DAVID SHEAR, GARY O 6817 SW 81 TERRACE 201 ALHAMBRA CIR., STE. 601 CORAL GABLES, FL 33134 MIAMI, FL 33143 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: GARY SHEAR 03/24/2009 Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SHEAR, GARY
 Name:

 Address:
 6817 SW 81ST TERRACE
 Address:

 City-St-Zip:
 MIAMI, FL 33143
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 1607 GABLES VENTURE, LLC
 Name:

 Address:
 1624 MICANOPY AVE.
 Address:

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 TREISTER, CHARLES
 Name:

 Address:
 1624 MICANOPY AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33133
 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: GARY SHEAR MGR 03/24/2009