

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000004378

Entity Name: 2020 PONCE, LLC

Current Principal Place of Business:

100 S. BISCAYNE BLVD
STE 900
MIAMI, FL 33131

FILED
Jan 20, 2014
Secretary of State
CC2263012604

Current Mailing Address:

100 S. BISCAYNE BLVD
STE 900
MIAMI, FL 33131

FEI Number: 20-2208476

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLLO, JEROME
100 SOUTH BISCAYNE BLVD, STE 900
MIAMI, FL 33131 US

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

Authorized Person(s) Detail :

Title MGR
Name HOLLO, TIBOR
Address 100 S BISCAYNE BLVD STE 900
City-State-Zip: MIAMI FL 33131

Title MGR
Name HOLLO, WAYNE
Address 100 S BISCAYNE BLVD STE 900
City-State-Zip: MIAMI FL 33131

Title MGR
Name HOLLO, JEROME
Address 100 S BISCAYNE BLVD STE 900
City-State-Zip: MIAMI FL 33131

Title MGR
Name KATZ, LEONARD
Address 100 S BISCAYNE BLVD STE 900
City-State-Zip: MIAMI FL 33131

Title MGR
Name DAHAN, PHILIP
Address 100 S BISCAYNE BLVD STE 900
City-State-Zip: MIAMI FL 33131

Title MGR
Name WARHAFT, DEAN
Address 100 S. BISCAYNE BLVD
STE 900
City-State-Zip: MIAMI FL 33131

Title MGR
Name SWERDLIN, LEE
Address 100 S. BISCAYNE BLVD
STE 900
City-State-Zip: MIAMI FL 33131

Title MGR
Name FL EAST COAST REALTY LLC
Address 100 S. BISCAYNE BLVD
STE 900
City-State-Zip: MIAMI FL 33131

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEONARD KATZ

MGR

01/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date