

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A04000001974

1. Entity Name
PONCE PORTFOLIO MORTGAGE, LTD.



05 MAY -5 PM 3:17

Principal Place of Business
777 BRICKELL AVENUE, SUITE 1070
MIAMI, FL 33131

Mailing Address
777 BRICKELL AVENUE, SUITE 1070
MIAMI, FL 33131

2. Principal Place of Business
4225 Ponce de Leon Blvd.
Suite, Apt. #, etc.

3. Mailing Address
4225 Ponce de Leon Blvd.
Suite, Apt. #, etc.

01212005 Chg-LP CR2E003 (10/03)

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

4. FEI Number
20-2013027

Applied For
Not Applicable

Zip
33146

Country
USA

Zip
33146

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTELLO, LOUIS R
777 BRICKELL AVENUE, SUITE 1070
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$100.00

10. Amount of Capital Contributions in FLORIDA to date. \$ 25,000,000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P04000166109
NAME PONCE PORTFOLIO MANAGEMENT, INC.
STREET ADDRESS 4225 PONCE DE LEON BOULEVARD
CITY-ST-ZIP CORAL GABLES, FL 331461826

STREET ADDRESS

CITY-ST-ZIP

100053864291
05/05/05 01010-032 **526.25

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

PONCE PORTFOLIO MORTGAGE, INC., General Partner

SIGNATURE:

By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Douglas N. Rice, President

STAPLE CHECK HERE