

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90039 018 ****50.00

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1. Entity Name
PONCE INLET ANTIGUA L.L.C.



Principal Place of Business
4 MARINA ISLES BLVD., #302
INDIAN HARBOUR BEACH, FL 32937

Mailing Address
4 MARINA ISLES BLVD., #302
INDIAN HARBOUR BEACH, FL 32937

DO NOT WRITE IN THIS SPACE



04292005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3694035

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, ALAN
4 MARINA ISLES BLVD., #302
INDIAN HARBOUR BEACH, FL 32937

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
THOMAS, ALAN
4 MARINA ISLES BLVD., #302
INDIAN HARBOUR BEACH, FL 32937

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CITY-ST-ZIP

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11. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

A. THOMAS