## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## DOCUMENT # L00000016096 FILED PONCE INLET ANTIGUA L.L.C. 08 FEB -8 PM 3: 40 Principal Place of Business Mailing Address SECRETARY OF STATE 4 MARINA ISLES BLVD., #302 4 MARINA ISLES BLVD., #302 TALLAHASSEE, FLORIDA INDIAN HARBOUR BEACH, FL 32937 INDIAN HARBOUR BEACH, FL 32937 01102008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3694035 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMAS; ALAN DO NOT WRITE 4 MARINA ISLES BLVD., #302 INDIAN HARBOUR BEACH, FL 32937 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE THOMAS, ALAN NAME STREET ADDRESS 4 MARINA ISLES BLVD., #302 **800115**335958 01/17/08--01001--007 \*\*638.75 INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CUTY-ST-7(P TITLE NAME STREET ADDRESS 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and man manager of the limited liability company or the receiver or flustee empoyared to execute this report as required by Chapter 608, Florida Statutes.