2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005259

Address:

City-St-Zip:

5555 COLLINS AVE APT 15W

MIAMI BEACH, FL 33140

Entity Name: PONCE DE LEON OFFICE CENTER, LLC

FILED Jun 30, 2004 Secretary of State

Current Principal Place of Business:			New Princip	New Principal Place of Business:		
114-B PONCE DE LEON BLVD. CORAL GABLES, FL 33135				932 B PONCE DE LEON BLVD. CORAL GABLES, FL 33134		
Current M	ailing Addre	ss:	New Mailing Address:			
114-B PONCE DE LEON BLVD. CORAL GABLES, FL 33135				932 B PONCE DE LEON BLVD. CORAL GABLES, FL 33134		
FEI Number:	65-1095642	FEI Number Applied For ()	FEI Number Not Applica	ble () Certificate of Status Desired ())	
Name and	Address of (Current Registered Agent:	Name and A	Name and Address of New Registered Agent:		
REPOSA, RICHARD A 114-B PONCE DE LEON BLVD. CORAL GABLES, FL 33135 US			932 B PONCI	REPOSA, RICHARD A 932 B PONCE DE LEON BLVD. CORAL GABLES, FL 33134 US		
	named entity of Florida.	submits this statement for the	e purpose of changing its	registered office or registered agent, or b	oth	
SIGNATUF	RE:			06/30/2004		
	Electro	nic Signature of Registered A	gent	Date		
MANAGIN	IG MEMBERS	S/MEMBERS:	ADDITIONS/	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	FERNANDEZ,	TLER RIDGE RD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	CABANAS, JO	DE LEON BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	RYAN INTERN 2375 NE 29TH) Delete ATIONAL L, LC ST POINTE, FL 33064	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name:	MGRM (EUROMARK C) Delete ORP,	Title: Name:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: RYAN INTERNATIONAL 06/30/2004