2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2005
Secretary of State

DOCUMENT# L01000005259

Entity Name: PONCE DE LEON OFFICE CENTER, LLC

Current Principal Place of Business:

932 B PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

932 B PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1095642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REPOSA, RICHARD A
932 B PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	(X) Delete
Name:	FERNANDEZ, LUIS G	
Address:	8251 OLD CUTLER RIDGE RD	
City-St-Zip:	CORAL GABLES, FL 33135	
Title:	MGRM	( ) Delete
Name:	CABANAS, JOHN H	
Address:	114B PONCE DE LEON BLVD	
City-St-Zip:	CORAL GABLES, FL 33135	
Title:	MGRM	( ) Delete
Name:	RYAN INTERNATIONAL L, LC	
Address:	2375 NE 29TH ST	
City-St-Zip:	LIGHTHOUSE POINTE, FL 33064	
Title:	MGRM	(X) Delete
Name:	EUROMARK CORP,	
Address:	5555 COLLINS AVE APT 15W	
City-St-Zip:	MIAMI BEACH, FL 33140	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: JOHN CABANAS MM 02/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date