

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005259

FILED
Jan 19, 2006
Secretary of State

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/MANAGERS:

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

ADDITIONS/CHANGES:

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 Chapter 119, 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

PRES

01/19/2006

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