

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000017886**

1. Entity Name  
912 PONCE, LLC



Principal Place of Business  
4300 N. UNIVERSITY DRIVE  
SUITE A-106  
FT. LAUDERDALE, FL 33351

Mailing Address  
4300 N. UNIVERSITY DRIVE  
SUITE A-106  
FT. LAUDERDALE, FL 33351



04012004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1148087

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LEVINE & SEGAUL, P.A.  
4300 N. UNIVERSITY DRIVE  
SUITE A-106  
FT. LAUDERDALE, FL 33351

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LEVINE, HOWARD A  
4300 N. UNIVERSITY DRIVE  
FT. LAUDERDALE, FL 33351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LEVINE, LAWRENCE A  
4300 N. UNIVERSITY DRIVE  
FT. LAUDERDALE, FL 33351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KRIPS, THOMAS H  
317 E. ACRE DRIVE  
PLANTATION, FL 33317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LA VALLEE, JAMES L  
109 SE 13TH STREET  
FT. LAUDERDALE, FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000130313  
04/26/04-80114-002 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

4/20/04

Date

954-749-6700

Daytime Phone #