


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90131 013 ***138.75

DOCUMENT # L02000000355

1. Entity Name
PONCE ASSOCIATES, LLC



Principal Place of Business
**4315 PABLO OAKS COURT, STE. 1
 JACKSONVILLE, FL 32224**

Mailing Address
**4315 PABLO OAKS COURT, STE. 1
 JACKSONVILLE, FL 32224**

60021738



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04072008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent
**KUNKEL, JOHN C
 4315 PABLO OAKS COURT, STE. 1
 JACKSONVILLE, FL 32224**

7. Name and Address of New Registered Agent
 Name **SLG Management Services, LLC**
 Street Address (P.O. Box Number is Not Acceptable) **4315 Pablo Oaks Court**
 City **Jacksonville** FL Zip Code **32224**

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 *Mallory Holm* **Mallory Holm, V.P. 4/18**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHMN - <input type="checkbox"/> Delete STOKES, E. CHESTER JR. 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete BRUCE, ROBERT G 4400 MARSH LANDING BLVD SUITE 2 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete KUNKEL, JOHN C 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete LARKIN HALL, SALLY 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTR <input type="checkbox"/> Delete FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSE <input type="checkbox"/> Delete HOLM, MALLORY G 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PRES Michael E. Braten 4315 Pablo Oaks Court Jacksonville FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Joy L LaWarie* **Joy L LaWarie 4/18 9044821100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #