


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000005444
 1. Entity Name
 4685 PONCE DE LEON LLC



Principal Place of Business: 4685 PONCE DE LEON BLVD. CORAL GABLES, FL 33146
 Mailing Address: 4685 PONCE DE LEON BLVD. CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE



01042005 No Chg-LLC CR2E083 (10/03)

4. FEI Number: 04-3663235 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SACHER, CHARLES P
 2655 LEJEUNE ROAD, SUITE 1101
 CORAL GABLES, FL 33134

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	VERGARA, GEORGE L M.D.
STREET ADDRESS	4685 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
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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:  **George L. VERGARA** 2/11/05 305-661-2534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #