


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90065 025 \*\*\*\*50.00

**DOCUMENT # L02000021779**  
 1. Entity Name  
 3109 PONCE, L.L.C.



Principal Place of Business  
 3109 PONCE DE LEON BLVD  
 CORAL GABLES, FL 33134

Mailing Address  
 5805 SAN VICENTE STREET  
 CORAL GABLES, FL 33146

14011826



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 3109 Ponce de Leon Blvd.

Suite, Apt. #, etc.

04282005 Chg-LLC CR2E083 (10/03)

City & State  
 Coral Gables, FL

4. FEI Number  
 01-0773563

Applied For  
 Not Applicable

Zip  
 33134

Country  
 Miami-Dade

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
 HUTTOE, JACQUELINE  
 5805 SAN VICENTE STREET  
 CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 3109 Ponce de Leon Blvd.  
 City  
 Coral Gables FL Zip Code  
 33134


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 \_\_\_\_\_ DATE 4/27/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUTTOE, JACQUELINE 5805 SAN VICENTE STREET CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3109 Ponce de Leon Blvd. Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **Jacqueline Huttoe** **4/27/05** **305 445-3730**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #