

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000006394



1. Entity Name
PONCE RIVIERA LLC

Principal Place of Business
**2824 PALM BEACH BLVD.
FORT MYERS, FL 33916**

Mailing Address
**2824 PALM BEACH BLVD.
FORT MYERS, FL 33916**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252006 Chg-LLC CR2E083 (11/05)

4. FEI Number
16-1657797

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCBRIDE, GERALD ESQ
2824 PALM BEACH BLVD.
FORT MYERS, FL 33916**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** Delete
NAME **MCBRIDE, BRIAN**
STREET ADDRESS **2824 PALM BEACH BLVD**
CITY-ST-ZIP **FORT MYERS, FL 33916**

TITLE Change Addition
NAME **U00000429461**
STREET ADDRESS **02/22/06-80009-006 50.00**
CITY-ST-ZIP

TITLE **MGRM** Delete
NAME **WHITE, HAROLD D**
STREET ADDRESS **1390 S DIXIE HWY #2123**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

[Handwritten Signature]

[Handwritten: 305 700 500]