


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90015 044 ***138.75

DOCUMENT # L03000006394

1. Entity Name
PONCE RIVIERA LLC



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

Mailing Address
**500 S. DIXIE HWY
 SUITE 307
 CORAL GABLES, FL 33146**

2. Principal Place of Business - No P.O. Box #
500 S. Dixie Hwy.

3. Mailing Address
 Suite, Apt. #, etc.
Suite 307


City & State
Coral Gables, FL.

City & State

Zip
33146

Country
U.S.A.

Zip
 Country



02252008 Chg-LLC CR2E083 (12/06)

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
McBride, Brian

Street Address (P.O. Box Number is Not Acceptable)
500 S. Dixie Hwy.

Suite 307

City
Coral Gables FL Zip Code **33146**

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  **Brian McBride, Mng. Member** DATE **3/7/08**

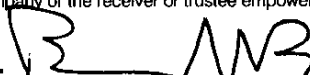
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCBRIDE, BRIAN 2824 PALM BEACH BLVD FORT MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM McBride, Brian 500 S. Dixie Hwy. - Suite 307 Coral Gables, FL. 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, HAROLD D 500 S DIXIE HWY. SUITE 307 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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:  **Brian McBride** DATE **3/7/08** DAYTIME PHONE # **305-740-5799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE