

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020976

FILED
Mar 21, 2008
Secretary of State

Entity Name: 1607 PONCE DE LEON PARTNERS, LLC

Current Principal Place of Business:

6817 SW 81ST TERR
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

1624 MICANOPY AVE.
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 56-2369488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEAR, DAVID
201 ALHAMBRA CIR., STE. 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHEAR, GARY
Address: 6817 SW 81ST TERRACE
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: 1607 GABLES VENTURE,, LLC
Address: 1624 MICANOPY AVE.
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete
Name: TREISTER, CHARLES
Address: 1624 MICANOPY AVE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES TREISTER

MGRM

03/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date