

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020976

FILED
Mar 24, 2009
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:

SHEAR, GARY O
6817 SW 81 TERRACE
MIAMI, FL 33143 US

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: GARY SHEAR

03/24/2009

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: GARY SHEAR

MGR

03/24/2009

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