

Apr 19  
Sec

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000033253

1. Entity Name  
PONCE, L.L.C.



Principal Place of Business

43 OCEAN CT.  
ST AUGUSTINE, FL 32080

Mailing Address

43 OCEAN CT.  
ST AUGUSTINE, FL 32080



04122005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HINKLE, STEPHEN D  
43 OCEAN CT.  
ST AUGUSTINE, FL 32080

**DO NOT WRITE  
IN THIS SPACE**

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 filer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGR  
HINKLE, STEPHEN D  
43 OCEAN CT.  
ST AUGUSTINE, FL 32080

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

1000000318510  
04/19/05-60077-020 50.00

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 606, Florida Statutes.

SIGNATURE:

STEPHEN HINKLE

4/15/05 904 471-7227

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

Date

Daytime Phone #