


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000050078	
1. Entity Name PONCE DE LEON INVESTMENT GROUP LLC	

Principal Place of Business 3185 THOMAS DR. BONIFAY, FL 32425 US	Mailing Address 3185 THOMAS DR. BONIFAY, FL 32425 US
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DO NOT WRITE IN THIS SPACE



03122005No Chg-LLC CR2E083 (10/03)

4. FEI Number 77-0615485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JERNIGAN, JOE H
3185 THOMAS DR
BONIFAY, FL 32425

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

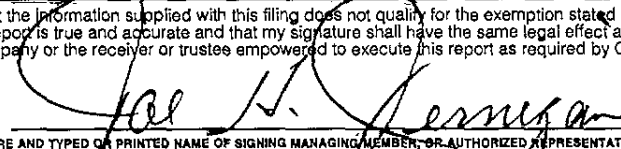
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JERNIGAN, JOE H 3185 THOMAS DR. BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADKINSON, WAYNE 3648 ROBIN CIRCLE BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUNDERLAND GROUP LLC 13350 HWY 53 E MARBLE HILL, GA 30148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRISON, DAVID K 261 KENNETH HARRISON RD PONCE DE LEON, FL 32455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000295403
04/09/05-80028-008 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #