2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000050078

1. Entity Name
PONCE DE LEON INVESTMENT GROUP LLC

Principal Place of Business	Mailing Address
3185 THOMAS DR. BONIFAY, FL 32425 US	3185 THOMAS DR. BONIFAY, FL 32425 US

01102006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0615485

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

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

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02/06/06-80045-017 55.00

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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: Joe H. Jernigan 1-27-06 (850) 547-5733

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

JOE H JERNIGAN