

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 A
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**

DO NOT WRITE IN THIS SPACE



01222007 No Chg-LLC

CR2E083 (11/05)

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**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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	

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**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date _____

Daytime Phone # _____