

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000050472
 1. Entity Name
 2312 PONCE HOLDINGS LLC



Principal Place of Business _____ Mailing Address _____
 2312 PONCE DE LEON BLVD 2312 PONCE DE LEON BLVD
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



07062005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0463701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 HERNANDEZ, ARMANDO
 2312 PONCE DE LEON BLVD
 CORAL GABLES, FL 33134

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, ARMANDO 2312 PONCE DE LEON BLVD CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, ANA M 2312 PONCE DE LEON BLVD CORAL GABLES, FL 33134
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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)(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 608, Florida Statutes.

SIGNATURE:  DATE: 7/6/5 DAYTIME PHONE #: 305 444-8800

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