

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056919

FILED
Apr 15, 2004
Secretary of State

Entity Name: PONCE PARTNERS, LLC

Current Principal Place of Business:

350 E LAS OLAS BLVD, STE 1700
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

350 E LAS OLAS BLVD
SUITE 1700
FORT LAUDERDALE, FL 33301

Current Mailing Address:

350 E LAS OLAS BLVD, STE 1700
FORT LAUDERDALE, FL 33301

New Mailing Address:

350 E LAS OLAS BLVD,
SUITE 1700
FORT LAUDERDALE, FL 33301

FEI Number: 20-0531282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUSTON, BART A
305 E LAS OLAS BLVD, STE 1700
FORT LAUDERDALE, FL 33301

Name and Address of New Registered Agent:

HOUSTON, BART A
305 E LAS OLAS BLVD.
SUITE 1700
FORT LAUDERDALE, FL 33301

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.

SIGNATURE:

04/15/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: HOUSTON, BART A
Address: 350 E. LAS OLAS BLVD., SUITE 1700
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGRM () Change (X) Addition
Name: SHAHADY, THOMAS R
Address: 350 E. LAS OLAS BLVD., SUITE 1700
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BART A. HOUSTON

MGRM

04/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date