2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000003311

1. Entity Name 1300 PONCE FUNDING LLC



Principal Place of Business

848 BRICKELL AVE, STE 810 MIAMI, FL 33131 Mailing Address

848 BRICKELL AVE, STE 810 MIAMI, FL 33131

FILED Mar 09, 2007 8:00 am Secretary of State

03-09-2007 90133 001 ****50.00

60022250



02202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0600576 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Daytime Phone #

6.	Name	and Addi	ess of	Current	Registere	d Agent

CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301

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	named entity submits this statement for the purpose of chan ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar w	rith, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when renditating) DATE	-
Fi D	ling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMAR, LUIS 848 BRICKELL AVENUE, SUITE 810 MIAMI, FL 33131	: :	
NAME STREET ADDRESS CITY+ST-ZIP			:
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited lia	certify that the information submitted with this filling does not on this report is the and accounte and that my signature sibility company or he rependent of Aprileo empowered to exe	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that shall have the same legal effect as if made under oath; that I am a managing member or recute this report as required by Chapter 609, Florida Statutes.	the information nanager of the

AME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE