


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000003311 1. Entity Name 1300 PONCE FUNDING LLC |  |
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|---|---|
| Principal Place of Business 848 BRICKELL AVE, STE 810 MIAMI, FL 33131 | Mailing Address 848 BRICKELL AVE, STE 810 MIAMI, FL 33131 |
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04292008No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 20-0600576 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301 |
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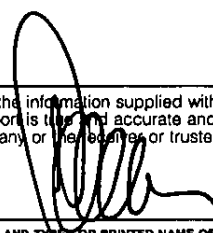
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | |
| SIGNATURE _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR LAMAR, LUIS 848 BRICKELL AVENUE, SUITE 810 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| <p>U000000941609 05/28/08-80113-020 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | |
| SIGNATURE:  | 4/30/08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | | |
| Date Daytime Phone # | | |