
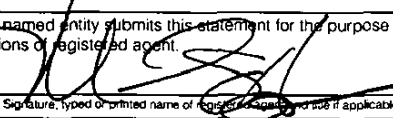
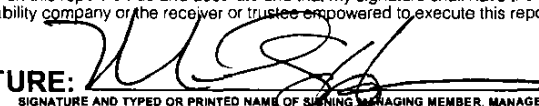


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90156 034 ***138.75

| | | | |
|--|---|---|--|
| DOCUMENT # L04000005280 | |  | |
| 1. Entity Name PONCE DE LEON BRANDS, LLC | | | |
| Principal Place of Business 4400 BISCAYNE BLVD SUITE 900 MIAMI, FL 33137 | | Mailing Address 4400 BISCAYNE BLVD SUITE 900 MIAMI, FL 33137 | |
| 2. Principal Place of Business - No P.O. Box # 2701 GATEWAY DRIVE Suite, Apt. #, etc. | | 3. Mailing Address 2701 GATEWAY DRIVE Suite, Apt. #, etc. | |
| City & State POMPANO BEACH, FL | | City & State POMPANO BEACH, FL | |
| Zip 33069 | Country USA | Zip 33069 | Country USA |
| 6. Name and Address of Current Registered Agent HELLMAN, MAYNARD J ESQ 4400 BISCAYNE BLVD SUITE 900 MIAMI, FL 33137 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2701 GATEWAY DRIVE City POMPANO BEACH FL Zip Code 33069 | |
| 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 state if applicable. | | MAYNARD J. HELLMAN (NOTE: Registered Agent signature required when reinstating) | |
| DATE 4/15/08 | | DATE | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FERNANDEZ, CHARLES M 4400 BISCAYNE BLVD MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HELLMAN, MAYNARD J. 2701 GATEWAY DRIVE POMPANO BEACH, FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE | | 4/15/08 Date | |
| | | 305-777-1095 Daytime Phone # | |

50004667



03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2468284 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required