

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

6198
FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000019906

1. Entity Name
PONCE COTTAGES, LLC



Principal Place of Business
**328 2ND AVENUE NORTH
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**328 2ND AVENUE NORTH
JACKSONVILLE BEACH, FL 32250**



02172006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3150883

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIMON, BERT C ESQ
1660 PRUDENTIAL DRIVE, STE. 203
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000493102
04/19/06-80092-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOWE, ANDREW M 328 2ND AVE N JACKSONVILLE BEACH, FL 32250
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**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

2/22/06

Date

904-270-0270

Daytime Phone #