

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067770

Entity Name: 316 PONCE DE LEON, LLC

FILED  
Apr 24, 2005  
Secretary of State

**Current Principal Place of Business:**

5930 SEASIDE DR  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5930 SEASIDE DR  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SYNSTAD, WAYNE C  
5930 SEASIDE DR  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SYNSTAD, WAYNE C  
Address: 5930 SEASIDE DR  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM ( ) Delete  
Name: SYNSTAD, ERIC C  
Address: 9823 E, CASITAS DEL RIO DR  
City-St-Zip: SCOTTSDALE, AZ 85255

Title: MGRM ( ) Delete  
Name: KOHLER, FRANK  
Address: P.O. BOX 246  
City-St-Zip: TALL TIMBERS, MD 20690

Title: MGRM ( ) Delete  
Name: KOHLER, MICHELLE L  
Address: P.O. BOX 246  
City-St-Zip: TALL TIMBERS, MD 20690

Title: MGRM ( ) Delete  
Name: SYNSTAD, FRANCES A  
Address: 5930 SEASIDE DR  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WAYNE C. SYNSTAD

MGR

04/24/2005

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