

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067770

Entity Name: 316 PONCE DE LEON, LLC

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

316 PONCE DE LEON BLVD
BELLEAIR, FL 33756

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 ()

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/MANAGERS:

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 exemption stated in Chapter 119, 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

03/30/2009

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