

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024198

FILED
Jan 21, 2008
Secretary of State

Entity Name: PONCE CIRCLE DEVELOPERS, L.L.C.

Current Principal Place of Business:

2901 PONCE DE LEON AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2901 PONCE DE LEON AVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-2462170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YANOWITCH, PETER J ESQ
232 ANDALUSIA AVE, STE 350
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SANCHEZ, RALPH A
2901 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US

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: RALPH A. SANCHEZ

01/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANCHEZ, RAFAEL A
Address: 2901 PONCE DE LEON AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: MAS, JOSE R
Address: 2901 PONCE DE LEON AVE
City-St-Zip: MIAMI, FL 33134

Title: P () Delete
Name: SANCHEZ, RAFAEL A
Address: 2901 PONCE DE LEON AVE
City-St-Zip: MIAMI, FL 33134

Title: VP () Delete
Name: PEREZ, ALBERTO J
Address: 2901 PONCE DE LEON AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: ST () Delete
Name: DOMINICIS, JORGE L
Address: 2901 PONCE DE LEON AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SANCHEZ, RALPH A
Address: 2901 PONCE DE LEON AVE
City-St-Zip: CORAL GABLES, FL 33134

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

Title: P (X) Change () Addition
Name: SANCHEZ, RALPH A
Address: 2901 PONCE DE LEON AVE
City-St-Zip: MIAMI, FL 33134

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: RALPH A. SANCHEZ

P

01/21/2008

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