

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000026169

1. Entity Name
3903 PONCE DE LEON, LLC



Principal Place of Business

2 GROVE ISLE DR. #1508
COCONUT GROVE, FL 33133 US

Mailing Address

2 GROVE ISLE DR. #1508
COCONUT GROVE, FL 33133 US



03202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2658190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINTZ, LAWRENCE
2 GROVE ISLE DRIVE
#1508
COCONUT GROVE, FL 33133

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MINTZ, LAWRENCE
STREET ADDRESS	2 GROVE ISLE DRIVE #1508
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	MGR
NAME	CAMPBELL, MELISSA
STREET ADDRESS	2 GROVE ISLE DRIVE #1508
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	MGRM
NAME	FAMILY PROPERTIES PARTNERSHIP
STREET ADDRESS	2 GROVE ISLE DRIVE #1508
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/30/07-80058-014 50.00

**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

Date

Daytime Phone #

MELISSA CAMPBELL

3/26/07

305-519-8888