## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000026227

City-St-Zip:

CORAL GABLES, FL 33234 US

Entity Name: 3809 PONCE DE LEON, LLC

FILED Apr 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7638 SW 54 AVE MIAMI, FL 33143 **Current Mailing Address: New Mailing Address:** 7638 SW 54 AVE MIAMI, FL 33143 FEI Number: 20-2658073 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MINTZ, LAWRENCE 7638 SW 54 AVE MIAMI, FL 33143 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: ADDITIONS/CHANGES: MGR ( ) Delete Title: () Change () Addition MINTZ, LAWRENCE Name: Name: Address: P.O.BOX 330159 Address: City-St-Zip: COCONUT GROVE, FL 33233 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: CAMPBELL, MELISSA Name: Address: P.O.BOX 330159 Address: City-St-Zip: COCONUT GROVE, FL 33233 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FAMILY PROPERTIES PARTNERSHIP Name: Name: Address: P.O.BOX 347410 Address:

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.

City-St-Zip:

SIGNATURE: LAWRENCE MINTZ PRES 04/12/2009