2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000059648

1. Entity Name
2730 PONCE DE LEON, LLC

Principal Place of Business	Mailing Address
1395 THIRD STREET SOUTH NAPLES, FL 34102 US	1395 THIRD STREET SOUTH NAPLES, FL 34102 US

DO NOT WRITE IN THIS SPACE

01142008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number 20-3196616	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GULLLIFORD, JOHN T
1395 THIRD STREET SOUTH
NAPLES, FL 34102

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GULLIFORD, JOHN T
STREET ADDRESS	1037 FIFTH AVE, N
CITY-ST-ZIP	NAPLES, FL 34102

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04/17/08-80039-021 138.75

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: _____ 4/2/08   239-263-4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

John T. Gulliford