2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State
04-20-2007 90031 021 ****50.00

DOCUMENT # L06000024065

1. Entity Name
PONAN PARTNERS, LLC

30006661

1st MOORE CR2E083 (10/06)

Principal Place of Business	Mailing Address
2069 WEST THIRD STREET CLEVELAND OH 44113 US	2069 WEST THIRD STREET CLEVELAND OH 44113 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0647456 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, HAROLD D
1390 S. DIXIE HWY
1105
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name: GERALD MCBRIDE ESQ
Street Address (P.O. Box Number is Not Acceptable): 2824 PALM BEACH BLVD
City: FT MYERS FL Zip Code: 33916

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: GERALD MCBRIDE [signature] 3/15/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCBRIDE, BRIAN A 2069 WEST THIRD STREET CLEVELAND OH 44113	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] MGR 3/14/07 216 861-3448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #