


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90013 050 ***138.75

DOCUMENT # L06000024065					
1. Entity Name PONAN PARTNERS, LLC					
Principal Place of Business 2069 WEST THIRD STREET CLEVELAND, OH 44113 US 2224 2324			Mailing Address 2069 WEST THIRD STREET CLEVELAND, OH 44113 US		
2. Principal Place of Business - No P.O. Box # 2824 Palm Beach Blvd.		3. Mailing Address 2824 Palm Beach Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fort Myers, FL.		City & State Fort Myers, FL.		4. FEI Number 65-0647456	
Zip 33916		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCBRIDE, GERALD ESQ 2824 PALM BEACH BLVD FORT MYERS, FL 33916			7. Name and Address of New Registered Agent Name: <u>McBride, Brian A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>2824 Palm Beach Blvd.</u> City: <u>Fort Myers, FL</u> Zip Code: <u>33916</u>		
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: <u>[Signature]</u> Brian A. McBride, Manager <u>3/7/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME MCBRIDE, BRIAN A STREET ADDRESS 2069 WEST THIRD STREET CITY-ST-ZIP CLEVELAND OH 44113	<input type="checkbox"/> Delete		TITLE MGR NAME McBride, Brian A. STREET ADDRESS 2824 Palm Beach Blvd. CITY-ST-ZIP Fort Myers, FL. 33916	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u>			Brian A. McBride <u>3/7/08</u>		239-479-5555
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>

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