

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000034202

Entity Name: 747 PONCE DE LEON, LLC

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

747 PONCE DE LEON  
502  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

747 PONCE DE LEON  
502  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEMPSEY, BRYAN W  
3036 CENTER STREET  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM  
Name: MAGGIOLO, LUIS F  
Address: 747 PONCE DE LEON BLVD STE 502  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: MAGGIOLO, ANA MARIA  
Address: 747 PONCE DE LEON BLVD STE 502  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: WASMER, JOSE M  
Address: 747 PONCE DE LEON BLVD STE 502  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: WASMER, NOEMI  
Address: 747 PONCE DE LEON BLVD STE 502  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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.

SIGNATURE: LUIS F. MAGGIOLO, M.D.

SECR

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date