

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044797

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: PONCE COLUMBUS, LLC

**Current Principal Place of Business:**

3179 VIA ABITARE WAY  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

3782 MATHESON AVE  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

3179 VIA ABITARE WAY  
COCONUT GROVE, FL 33133

**New Mailing Address:**

3782 MATHESON AVE  
COCONUT GROVE, FL 33133

FEI Number: 65-0406130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOFFMAN, COREY E ESQ.  
3250 MARY STREET, SUITE 303  
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: MGR ( ) Delete  
Name: PONCE PARTNERSHIP, I, NC.  
Address: 3179 VIA ABITARE WAY  
City-St-Zip: MIAMI, FL 33133 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: CATHY HASSINE

VP

03/21/2009

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