2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047189

Entity Name: 2334 PONCE LLC

Address:

City-St-Zip:

FILED May 02, 2007 Secretary of State

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
1001 BRICKELL BAY DRIVE, 9TH FLOOR MIAMI, FL 33131			201 CROSS STREET MIAMI SPRINGS, FL 33166	
Current Mailing Address:		New Maili	New Mailing Address:	
1001 BRICKELL BAY DRIVE, 9TH FLOOR MIAMI, FL 33131			201 CROSS STREET MIAMI SPRINGS, FL 33166	
	FEI Number Applied For() th s. 607.193(2)(b), F.S., the limited liability com dress of Current Registered Agent:			
ARGUELLES, 1 201 CROSS S MIAMI SPRING				
The above nam n the State of F		urpose of changing i	ts registered office or registered agent, or both	
SIGNATURE:				
Electronic Signature of Registered Agent		nt	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/0	ADDITIONS/CHANGES:	
Fitle: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MGRM () Change (X) Addition SAIDEN, AMIN 1643 BRICKELL AVE, APT 2305 MIAMI, FL 33129	
Fitle: Name: Address: Dity-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MGRM () Change (X) Addition SAIDEN, SILVIA 1643 BRICKELL AVE, APT 2305 MIAMI, FL 33129	
Γitle: √ame: ∖ddress:	() Delete	Title: Name: Address:	MGRM () Change (X) Addition SAIDEN DE NAVARRO, SILVIA 1643 BRICKELL AVE, APT 2305	

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.

City-St-Zip: MIAMI, FL 33129

SIGNATURE: AMIN SAIDEN MGRM 05/02/2007