

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112061

Entity Name: PONCE PROPERTIES, LLC

FILED
Feb 03, 2007
Secretary of State

Current Principal Place of Business:

6827 BLUFFS BOULEVARD
TEMPLE TERRACE, FL 33618

New Principal Place of Business:

Current Mailing Address:

6827 BLUFFS BOULEVARD
TEMPLE TERRACE, FL 33618

New Mailing Address:

FEI Number: 20-5932860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JAMES P
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

RENO, HERMAN R
6827 BLUFFS BLVD
TEMPLE TERRACE, FL 33617 US

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: HERMAN R RENO

02/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: PONCE, MONICA
Address: 3410 W. NEW ORLEANS
City-St-Zip: TAMPA, FL 33614

Title: MGRM () Change (X) Addition
Name: RENO, NORMA C
Address: 6827 BLUFFS BLVD
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGRM () Change (X) Addition
Name: RENO, HERMAN R
Address: 6827 BLUFFS BLVD
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the 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: HERMAN R RENO

MGRM

02/03/2007

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