


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000112061 1. Entity Name PONCE PROPERTIES, LLC	
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Principal Place of Business 6827 BLUFFS BOULEVARD TEMPLE TERRACE, FL 33618	Mailing Address 6827 BLUFFS BOULEVARD TEMPLE TERRACE, FL 33618
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DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5932860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 Herman R. RENO Sorry - No change 2-7-2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PONCE, MONICA 3410 W. NEW ORLEANS TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RENO, NORMA C 6827 BLUFFS BLVD TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RENO, HERMAN R 6827 BLUFFS BLVD TEMPLE TERRACE, FL 33617
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02/20/08-80020-005 138.75

**DO NOT WRITE
IN THIS SPACE**

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: Herman R. RENO 2/7/2008 813-786-4630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #