

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90189 018 ***138.75

DOCUMENT # L07000027046

1. Entity Name
PONCE EXPLORERS, L.L.C.



Principal Place of Business
1395 BRICKELL AVE.
900
MIAMI, FL 33131

Mailing Address
1395 BRICKELL AVE.
900
MIAMI, FL 33131

60042231



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

370 Minorca Ave
Suite, Apt. #, etc.

370 Minorca Ave
Suite, Apt. #, etc.

City & State
Coral Gables FL

City & State
Coral Gables FL

Zip 33134 Country USA

Zip 33134 Country USA

04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 208661151

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINI, GREGORY T
2655 LEJEUNE ROAD
1101
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name Ximena Bermios
Street Address (P.O. Box Number is Not Acceptable)
370 Minorca Ave
City Coral Gables FL Zip Code 33134

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 Ximena Bermios

4/24/08
DATE

(NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME HOLLY, WILLIAM H
STREET ADDRESS 1395 BRICKELL AVE., SUITE 000
CITY-ST-ZIP MIAMI, FL 33131 ☒ Delete

TITLE
NAME 370 Minorca Ave
STREET ADDRESS Coral Gables
CITY-ST-ZIP FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/08 305 777-0300

Date Daytime Phone #