

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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

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

370 MINORCA AVE
Suite, Apt. #, etc.

3. Mailing Address

370 minorca Ave
Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

20866115

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 Berrios

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 Berrios

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 900
CITY-ST-ZIP MIAMI, FL 33131

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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Change Addition

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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 #