2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State
03-21-2008 90118 025 ***138.75

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1. Entity Name
LFM PONCE, LLC

30004026

02272008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
201 S. BISCAYNE BLVD., STE. 1500 (LAD) MIAMI, FL 33131	201 S. BISCAYNE BLVD., STE. 1500 (LAD) MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
747 Ponce de Leon Blvd.	
Suite, Apt. #, etc.: Suite 502	Suite, Apt. #, etc.:
City & State: Coral Gables, FL 33134	City & State:
Zip: Country:	Zip: Country:

4. FEI Number: 26-0868001 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD., STE. 1500 (LAD) MIAMI, FL 33131	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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 ____________________ 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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Luis F. Maggiolo 747 Ponce de Leon Blvd., Suite 502 Coral Gables, FL 33134 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 3/18/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #