# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 27, 2010**
**Secretary of State**

DOCUMENT# L07000079076

**Entity Name:** LFM PONCE, LLC

**Current Principal Place of Business:**

747 PONCE DE LEON BLVD
SUITE 502
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

201 S. BISCAYNE BLVD., STE. 1500 (LAD)
MIAMI, FL 33131

**New Mailing Address:**

747 PONCE DE LEON BLVD
SUITE 502
CORAL GABLES, FL 33134

**FEI Number: 26-0868001** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD., STE. 1500 (LAD)
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR
Name: MAGGIOLO, LUIS F
Address: 747 PONCE DE LEON BLVD STE 502
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 Statues.

SIGNATURE: LUIS F. MAGGIOLO,M.D. PRES 04/27/2010

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