

FILED
Mar 24, 2008 8:00 am
Secretary of State

60016811



DOCUMENT # L07000097061				03-24-2008 90239 040 ***138.75	
1. Entity Name AJE 3138-3190 PONCE, LLC					
Principal Place of Business 3601 TOLEDO STREET CORAL GABLES, FL 33134		Mailing Address 3601 TOLEDO STREET CORAL GABLES, FL 33134		60016811	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062008 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number	
Zip		Country		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NELSON, BARRY A 2775 SUNNY ISLES BOULEVARD SUITE 118 NORTH MIAMI BEACH, FL 33160			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 _____ (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 MGR NAME EHREHAFT, ALEXIS J STREET ADDRESS 3601 TOLEDO STREET CITY-ST-ZIP CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  March 21, 08 305-444-4161					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					