

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000002366

**FILED**  
**Jan 29, 2008**  
**Secretary of State**

**Entity Name:** PONCE BUSINESS CENTER, LLC

**Current Principal Place of Business:**

2000 PONCE DE LEON BLVD.  
6TH FLOOR  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2000 PONCE DE LEON BLVD.  
6TH FLOOR  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 52-2334207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEWITT, RICHARD J MR.  
2000 PONCE DE LEON BLVD.  
SIXTH FLOOR  
CORAL GABLES, FL 33134 US

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

RENDEIRO, CAROLINA MS.  
2000 PONCE DE LEON BLVD.  
SIXTH FLOOR  
CORAL GABLES, FL 33134 US

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:** CAROLINA RENDEIRO

01/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** RIGHT SPACE, INC.,  
**Address:** 2000 PONCE DE LEON BLVD.  
**City-St-Zip:** CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** RIGHT SPACE, INC.,  
**Address:** 2000 PONCE DE LEON BLVD. 6TH FLOOR  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

**SIGNATURE:** CAROLINA RENDEIRO

PRES

01/29/2008

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