2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000000043

1. Entity Name
PONCE ALA MODE, LLC

Principal Place of Business	Mailing Address
210 SLATON CIRCLE ROSWELL, GA 30075	210 SLATON CIRCLE ROSWELL, GA 30075

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

02072006   Chg-LLC   CR2E083 (11/05)

4. FEI Number
52-2386499   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
WILLIAMS, EDWARD A 353 ROYAL CARRIBEAN ST. AUGUSTINE, FL 32080	Name SEAN P. SHEPPARD ESQ. Street Address (P.O. Box Number is Not Acceptable) 1301 PLANTATION ISLAND Drive SOUTH SUITE 204 City ST AUGUSTINE FL Zip Code 32080

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 _____ SEAN P. SHEPPARD _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   2/13/06   DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.		ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	PRESTO, LEE R		NAME			
STREET ADDRESS	210 SLATON CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	ROSWELL, GA 30075		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: _____   3/3/06   678-468-4231

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