

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90047 031 ****50.00

DOCUMENT # M05000002263

1. Entity Name
999 PONCE, LLC



Principal Place of Business
**2600 DOUGLAS ROAD, PH-5
CORAL GABLES, FL 33134**

Mailing Address
**2600 DOUGLAS ROAD, PH-5
CORAL GABLES, FL 33134**

2. Principal Place of Business
**999 PONCE DE LEON BLVD.
Suite, Apt. #, etc.
SUITE 101**

3. Mailing Address

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

City & State

03062006 Chg-LLC CR2E083 (11/05)

Zip
33134

Country
MIAMI-DADE

Zip

Country

4. FEI Number
59-2752810

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEDA DEVELOPERS, INC.
2600 DOUGLAS ROAD, PH-5
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
JUAN LOUMIET - GREENBERG TRAURIG

Street Address (P.O. Box Number is Not Acceptable)

1221 BRICKELL AVENUE

City
MIAMI

FL

Zip Code
33131

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

3/13/06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WEDA DEVELOPERS, INC.
2600 DOUGLAS ROAD, PH-5
CORAL GABLES, FL 33134** ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**PT
ROSALES, X FRANCISCO
2600 DOUGLAS ROAD, PH-5
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**VS
LEVITT, STEVEN T
2600 DOUGLAS ROAD, PH-5
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

X. FRANCISCO ROSALES 2/22/06 (305)461-2142

Date

Daytime Phone #