


**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.**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 101**

Suite, Apt. #, etc.

City & State  
**CORAL GABLES, FL**

City & State

Zip  
**33134**

Country  
**MIAMI-DADE**

Zip

Country



03062006 Chg-LLC CR2E083 (11/05)

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		7. Name and Address of New Registered Agent	
<b>WEDA DEVELOPERS, INC.                      2600 DOUGLAS ROAD, PH-5                      CORAL GABLES, FL 33134</b>		Name <b>JUAN LOUMIET - GREENBERG TRAURIG</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1221 BRICKELL AVENUE</b>	
		City <b>MIAMI</b>	State <b>FL</b>
		Zip Code <b>33131</b>	

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 *Juan Loumiet* DATE 3/13/06

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

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEDA DEVELOPERS, INC. 2600 DOUGLAS ROAD, PH-5 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROSALES, X FRANCISCO 2600 DOUGLAS ROAD, PH-5 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEVITT, STEVEN T 2600 DOUGLAS ROAD, PH-5 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *X. Francisco Rosales* X. FRANCISCO ROSALES 2/22/06 (305)461-2142

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