


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # M05000002263 1. Entity Name 999 PONCE, LLC	
---	---

Principal Place of Business 999 PONCE DE LEON BLVD STE 101 CORAL GABLES, FL 33134	Mailing Address 2600 DOUGLAS ROAD, PH-5 CORAL GABLES, FL 33134
--	--

**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-2752810	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  LOUMIET, JUAN GREENBERG TRAUIG 1221 BRICKELL AVE MIAMI, FL 33131
--

**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

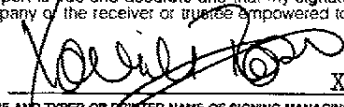
**Filing Fee is \$50.00 Due by May 1, 2007**

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEDA DEVELOPERS, INC. 2600 DOUGLAS ROAD, PH-5 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROSALES, X FRANCISCO 2600 DOUGLAS RD, PH-5 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEVITT, STEVEN T 2600 DOUGLAS ROAD, PH-5 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	

**DO NOT WRITE IN THIS SPACE**

000000670369  
03/27/07-80110-003 50.00

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	02/02/07	(305) 461-2142
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>