

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000024198

**Entity Name:** PONCE CIRCLE DEVELOPERS, L.L.C.

**Current Principal Place of Business:**

2990 PONCE DE LEON BLVD.  
SUITE 500  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2990 PONCE DE LEON BLVD.  
SUITE 500  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-2462170

**Certificate of Status Desired:** No

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

SANCHEZ, RALPH A  
2990 PONCE DE LEON BLVD.  
SUITE 500  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name SANCHEZ, RALPH A  
Address 2990 PONCE DE LEON BLVD.  
SUITE 500  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name MAS, JOSE R  
Address 2990 PONCE DE LEON BLVD.  
SUITE 500  
City-State-Zip: CORAL GABLES FL 33134

Title P  
Name SANCHEZ, RALPH A  
Address 2990 PONCE DE LEON BLVD.  
SUITE 500  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name PEREZ, ALBERTO J  
Address 2990 PONCE DE LEON BLVD.  
SUITE 500  
City-State-Zip: CORAL GABLES FL 33134

Title ST  
Name DOMINICIS, JORGE L  
Address 2990 PONCE DE LEON BLVD.  
SUITE 500  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALBERTO J. PEREZ

VP

04/30/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date