

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000116913

Entity Name: PONCE PARTNERS OF SOUTH FLORIDA LLC

Current Principal Place of Business:

558 LORETTO AVENUE
13
CORAL GABLES, FL 33146

Current Mailing Address:

558 LORETTO AVENUE
13
CORAL GABLES, FL 33146

FEI Number: 45-3678553

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUMPKIN, THOMAS DII
2655 LE JEUNE ROAD
5TH FLOOR
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 MGRM
Name SCHAEFER, JOHN H
Address 558 LORETTO AVE., #13
City-State-Zip: CORAL GABLES FL 33146

Title MGRM
Name SCHAEFER, PAUL T
Address 4919 BILTMORE DRIVE
City-State-Zip: CORAL GABLES FL 33146

Title MGRM
Name SCHAEFER, THOMAS W
Address 12085 SW 65TH AVENUE
City-State-Zip: PINECREST FL 33156

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: JOHN H. SCHAEFER

MGRM

04/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date