


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90007 020 ***150.00

DOCUMENT # L01000017915

1. Entity Name
9781 E BAY HARBOR DRIVE, LLC



Principal Place of Business ~~2655 Le Jeune Rd Ste326~~ Mailing Address ~~2655 Le Jeune Rd Ste326~~
~~9781 E BAY HARBOR DRIVE~~ ~~Coral Gables, FL 33134~~ ~~2742 BISCAYNE BLVD~~ ~~Coral Gables, FL 33134~~
~~BAY HARBOR ISLAND, FL 33154~~ ~~MIAMI, FL 33137~~



04302004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1146319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~GRISALES & ALFANO LLC~~ Jacqueline F Rodriguez
~~999 BRICKELL AVE~~ 2655 Le Jeune Rd Ste326
~~# 700~~ Coral Gables, FL 33134
~~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: *Jacqueline F Rodriguez* 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 9781 E BAY HARBOR DRIVE II LLC 1001 BRICKELL BAY DR # 2600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAY DRIVE DEVELOPMENT I CORP 1001 BRICKELL BAY DR # 2600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACADEMIA I CORP 1001 BRICKELL BAY DR # 2600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAY DRIVE DEVELOPMENT IX CORP 1001 BRICKELL BAY DR # 2600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAY DRIVE DEVELOPMENT X CORP 1001 BRICKELL BAY DR # 2600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jacqueline F Rodriguez (POA)* 4/30/04 305 350 0725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #