


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000000413 1. Entity Name 121 MAJORCA, LLC	
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Principal Place of Business 121 MAJORCA AVE. SUITE 300 CORAL GABLES FL 33134	Mailing Address 121 MAJORCA AVE. SUITE 300 CORAL GABLES FL 33134
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	4. FEI Number 90-0073524	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable \$5.00 Additional Fee Required

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent

NORTON, ROBERT L
 121 MAJORCA, SUITE 300
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____

 City _____ **FL** Zip Code _____

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	P	
NAME	NORTON, ROBERT L	<input type="checkbox"/>
STREET ADDRESS	121 MAJORCA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33155	
TITLE	VP	<input type="checkbox"/>
NAME	NORTON, SUSAN	
STREET ADDRESS	121 MAJORCA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33155	
TITLE	VP	<input type="checkbox"/>
NAME	MATTIMORE, MICHAEL	
STREET ADDRESS	121 MAJORCA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33155	
TITLE	VP	<input type="checkbox"/>
NAME	GOMEZ, RODOLFO	
STREET ADDRESS	121 MAJORCA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33155	
TITLE	VP	<input type="checkbox"/>
NAME	LEVITT, MARK E	
STREET ADDRESS	121 MAJORCA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33155	
TITLE	VP	<input type="checkbox"/>
NAME	SAMPO, PETER L	
STREET ADDRESS	121 MAJORCA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33155	

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

UN00000509572
 04/28/06-89050-009 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____

4-11-06 305-445-780