


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
RECEIVED 05 2007 08:00 AM
Secretary of State
JAN 17 2007

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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 90-0073524	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NORTON, ROBERT L 121 MAJORCA, SUITE 300 CORAL GABLES FL 33134	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 _____ (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, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	P <input type="checkbox"/> Delete NORTON, ROBERT L	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	121 MAJORCA AVE	NAME	
STREET ADDRESS	CORAL GABLES FL 33155	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete NORTON, SUSAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	121 MAJORCA AVE	NAME	00000691771
STREET ADDRESS	CORAL GABLES FL 33155	STREET ADDRESS	04/13/07-80024-005 50.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete MATTIMORE, MICHAEL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	121 MAJORCA AVE	NAME	
STREET ADDRESS	CORAL GABLES FL 33155	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete GOMEZ, RODOLFO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	121 MAJORCA AVE	NAME	
STREET ADDRESS	CORAL GABLES FL 33155	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete LEVITT, MARK E	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	121 MAJORCA AVE	NAME	
STREET ADDRESS	CORAL GABLES FL 33155	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete SAMPO, PETER L	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	121 MAJORCA AVENUE	NAME	
STREET ADDRESS	CORAL GABLES FL 33155	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 correct 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: _____ 3/28/07 305-445-7801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Drying Phone #