


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED  
Apr 07, 2008 08:00 A  
Secretary of State**

DOCUMENT # L02000000413  
1. Entity Name  
121 MAJORCA, LLC



Principal Place of Business: 121 MAJORCA AVE. SUITE 300 CORAL GABLES FL 33134  
Mailing Address: 121 MAJORCA AVE. SUITE 300 CORAL GABLES FL 33134



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. # etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. # etc.  
City & State  
Zip Country

1st MOORE CR2E083 (10/07)  
4. FEI Number: 90-0073524  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$5.00 Additional Fee Required

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: \_\_\_\_\_ (NOTE: Registered Agent's name, title and address must be typed)

**FILE NOW!!! FEE IS \$138.75**  
After May 1, 2008, Fee Will Be \$538.75  
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000885394  
04/18/08-80012-006 138.75

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: 4-4-08  
Daytona Parks: 305-445-7801