


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000026135**

1. Entity Name  
 801 ATLANTIC, LLC



Principal Place of Business 1428 BRICKELL AVENUE SUITE 206 MIAMI, FL 33131	Mailing Address 1428 BRICKELL AVENUE SUITE 206 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 71-0965378	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, JUAN A  
 1428 BRICKELL AVUENUE SUITE 206  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)  
Signature, typed or printed name of registered agent and title if applicable DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASRI, SIMON 1428 BRICKELL AVENUE SUITE 206 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASRI, SALOMON 1428 BRICKELL AVENUE SUITE 206 MIAMI, FL 33131
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U00000918369  
 05/13/08-80080-010-138.75

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Simon Masri* Date: 4/17/08

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