

* AMENDED*

09-12-2002 90091 023 ****50.00
L00000011054

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011054

1. Entity Name
121 ALHAMBRA TOWER, L.L.C.

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FILED
02 SEP 12 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business 121 ALHAMBRA PLAZA Suite, Apt., etc. SUITE-1600		3. Mailing Address 121 ALHAMBRA PLAZA Suite, Apt., etc. SUITE-1600		4. FEI Number 59-2447212		Applied For Not Applicable	
City & State CORAL GABLES, FL Zip 33134		City & State CORAL GABLES, FL Zip 33134		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name
RENTZ, R. LARRY

Street Address (P.O. Box Number is Not Acceptable)
1000 BRICKELL AVENUE, SUITE 1200

City
MIAMI

FL Zip Code
33131

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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
QUEIBY MAY

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGR	MORRIS, W. ALLEN	121 ALHAMBRA PLAZA, SUITE 1600	CORAL GABLES, FL 33134				
MGR	WEST, MACDONALD	121 ALHAMBRA PLAZA, SUITE 1600	CORAL GABLES, FL 33134				
MGR	GRAHAM, DALE I.	121 ALHAMBRA PLAZA, SUITE 1600	CORAL GABLES, FL 33134				
MGR	RENTZ, R. LARRY	121 ALHAMBRA PLAZA, SUITE 1600	CORAL GABLES, FL 33134				
MGR	CONNORS, M. NOEL	121 ALHAMBRA PLAZA, SUITE 1600	CORAL GABLES, FL 33134				
	PLEASE DELETE						
	TAYLOR, H. BLAND						

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CR2E0838 (10/21) 889022C

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 SIGNER

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