

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L72591

1. Entity Name
330 BISCAYNE REALTY, INC.



Principal Place of Business
121 ALHAMBRA PLAZA
PENTHOUSE 1, STE 1600
CORAL GABLES, FL 33134

Mailing Address
121 ALHAMBRA PLAZA
PENTHOUSE 1, STE 1600
CORAL GABLES, FL 33134



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0807829

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RENTZ, R. LARRY
121 ALHAMBRA PLAZA, PH I, STE 1600
CORAL GABLES, FL 33134

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORRIS, W. ALLEN
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE T
NAME GIL, YAZMIN
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 3313

TITLE D
NAME BELL, JAMES F JR.
STREET ADDRESS 1160 JOHNSON FERRY ROAD
CITY-ST-ZIP ATLANTA, GA 30319

TITLE V
NAME GRAHAM, DALE I
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE V
NAME RENTZ, R. LARRY
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000741260
05/15/07-80020-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-07