

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000017728**

1. Entity Name  
801 SOUTH MIAMI, LLC



Principal Place of Business

121 ALHAMBRA PLAZA, PH-I, SUITE 1600  
CORAL GABLES, FL 33134

Mailing Address

121 ALHAMBRA PLAZA, PH-I, SUITE 1600  
CORAL GABLES, FL 33134



01032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

THE ALLEN MORRIS COMPANY  
121 ALHAMBRA PLAZA, PH-I, SUITE 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE MGR  
NAME GIL, YAZMIN  
STREET ADDRESS 121 ALHAMBRA PLAZA, PH-I, SUITE 1600  
CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE MGR  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000743701  
05/15/07-80119-021 50.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-28-07