

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000078510

1. Entry Name
THE ALLEN MORRIS COMPANY AS TRUSTEE FOR
SECTION 19 MORTGAGEHOLDERS, LLC



Principal Place of Business

121 ALHAMBRA PLAZA
PENTHOUSE I, SUITE 1600
CORAL GABLES, FL 33134 US

Mailing Address

121 ALHAMBRA PLAZA
PENTHOUSE I, SUITE 1600
CORAL GABLES, FL 33134 US



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1810805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RENTZ, R. LARRY
121 ALHAMBRA PLAZA
PENTHOUSE 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	GRAHAM, DALE I
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	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**

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05/15/07-80141-020 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 #

4-12-07