

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000413

FILED
Feb 23, 2009
Secretary of State

Entity Name: 121 MAJORCA, LLC

Current Principal Place of Business:

121 MAJORCA AVE.
SUITE 300
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

121 MAJORCA AVE.
SUITE 300
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 90-0073524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTON, ROBERT L
121 MAJORCA, SUITE 300
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: NORTON, ROBERT L
Address: 121 MAJORCA AVE
City-St-Zip: CORAL GABLES, FL 33155

Title: VP () Delete
Name: NORTON, SUSAN
Address: 121 MAJORCA AVE
City-St-Zip: CORAL GABLES, FL 33155

Title: VP () Delete
Name: MATTIMORE, MICHAEL
Address: 121 MAJORCA AVE
City-St-Zip: CORAL GABLES, FL 33155

Title: VP () Delete
Name: GOMEZ, RODOLFO
Address: 121 MAJORCA AVE
City-St-Zip: CORAL GABLES, FL 33155

Title: VP () Delete
Name: LEVITT, MARK E
Address: 121 MAJORCA AVE
City-St-Zip: CORAL GABLES, FL 33155

Title: VP () Delete
Name: SAMPO, PETER L
Address: 121 MAJORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33155

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MATTIMORE, MICHAEL
Address: 906 N. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LEVITT, MARK E
Address: 1477 W. FAIRBANKS AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT L. NORTON

PRES

02/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date