

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000413

Entity Name: 121 MAJORCA, LLC

FILED  
Jan 04, 2011  
Secretary of State

**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  
Name: NORTON, ROBERT L  
Address: 121 MAJORCA AVE  
City-St-Zip: CORAL GABLES, FL 33155

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

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

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

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

I hereby 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

01/04/2011

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