

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000184432

**Entity Name:** 1801 ASSOCIATES LLC

**Current Principal Place of Business:**

550 SOUTH ANDREWS AVENUE  
SUITE 410  
FT LAUDERDALE, FL 33301

**Current Mailing Address:**

550 SOUTH ANDREWS AVENUE  
SUITE 410  
FT LAUDERDALE, FL 33301 US

**FEI Number:** 84-2795670

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MURPHY, WILLIAM M  
550 SOUTH ANDREWS AVENUE  
SUITE 410  
FT LAUDERDALE, FL 33301 US

*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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           MURPHY, WILLIAM M  
Address       550 SOUTH ANDREWS AVENUE  
                  SUITE 410  
City-State-Zip: FT LAUDERDALE FL 33301

Title           AUTHORIZED MEMBER  
Name           BLACKACRE PARTNERS LTD  
Address       550 SOUTH ANDREWS AVENUE  
                  SUITE 410  
City-State-Zip: FT LAUDERDALE FL 33301

Title           AUTHORIZED MEMBER  
Name           MURPHY, KATE A  
Address       550 SOUTH ANDREWS AVENUE  
                  SUITE 410  
City-State-Zip: FT LAUDERDALE FL 33301

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM M MURPHY

**MANAGER**

**04/14/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date