

\* AMENDED\*

09-12-2002 90091 023 \*\*\*\*50.00  
L00000011054

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011054

1. Entity Name  
121 ALHAMBRA TOWER, L.L.C.

**DO NOT WRITE IN THIS SPACE**

FILED  
02 SEP 12 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business 121 ALHAMBRA PLAZA Suite, Apt., etc. SUITE-1600		3. Mailing Address 121 ALHAMBRA PLAZA Suite, Apt., etc. SUITE-1600	
City & State CORAL GABLES, FL Zip 33134		City & State CORAL GABLES, FL Zip 33134 Country U.S.A.	
4. FEI Number 59-2447212		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name  
RENTZ, R. LARRY

Street Address (P.O. Box Number is Not Acceptable)  
1000 BRICKELL AVENUE, SUITE 1200

City  
MIAMI FL Zip Code  
33131

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.

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

DATE

FEE IS \$50.00  
Make Check Payable to Department of State  
QUEIBY MAY

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, W. ALLEN 121 ALHAMBRA PLAZA, SUITE 1600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEST, MACDONALD 121 ALHAMBRA PLAZA, SUITE 1600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAHAM, DALE I. 121 ALHAMBRA PLAZA, SUITE 1600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENTZ, R. LARRY 121 ALHAMBRA PLAZA, SUITE 1600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONNORS, M. NOEL 121 ALHAMBRA PLAZA, SUITE 1600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE DELETE MGR TAYLOR, H. BLAND	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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CR2E0838 (10/21) 88902R2

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 SIGNER

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