

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90007 020 \*\*\*150.00

**DOCUMENT # L01000017915**

1. Entity Name  
**9781 E BAY HARBOR DRIVE, LLC**



Principal Place of Business **2655 Le Jeune Rd Ste326**  
**9781 E BAY HARBOR DRIVE**  
**BAY HARBOR ISLAND, FL 33134**

Mailing Address **2655 Le Jeune Rd Ste326**  
**2742 BISCAYNE BLVD**  
**MIAMI, FL 33137**



04302004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1146319**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GRISALES & ALFANO, LLC**  
**999 BRICKELL AVE**  
**# 700**  
**MIAMI, FL 33131**

**Jacqueline F Rodriguez**  
**2655 Le Jeune Rd Ste326**  
**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	9781 E BAY HARBOR DRIVE II LLC
STREET ADDRESS	1001 BRICKELL BAY DR # 2600
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGRM
NAME	BAY DRIVE DEVELOPMENT I CORP
STREET ADDRESS	1001 BRICKELL BAY DR # 2600
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGRM
NAME	ACADEMIA I CORP
STREET ADDRESS	1001 BRICKELL BAY DR # 2600
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGRM
NAME	BAY DRIVE DEVELOPMENT IX CORP
STREET ADDRESS	1001 BRICKELL BAY DR # 2600
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGRM
NAME	BAY DRIVE DEVELOPMENT X CORP
STREET ADDRESS	1001 BRICKELL BAY DR # 2600
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #