

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90020 047 ****50.00

DOCUMENT # L03000003618



1. Entity Name
901 PROPERTY LLC

Principal Place of Business
8550 NW 33RD STREET, SUITE 200
MIAMI, FL 33122

Mailing Address
8550 NW 33RD STREET, SUITE 200
MIAMI, FL 33122

2. Principal Place of Business

5835 BLUE LAGOON DR.

3. Mailing Address

5835 BLUE LAGOON DR.

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

US

Zip

33126

Country

US

04262004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

11-3676096

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUARTE-VIERA, ANIBAL J
8550 NW 33RD STREET, SUITE 200
MIAMI, FL 33122

7. Name and Address of New Registered Agent

Name SAME AGENT - NEW ADDRESS ONLY

Street Address (P.O. Box Number is Not Acceptable)

5835 BLUE LAGOON DRIVE

SUITE 200

City

MIAMI

FL

Zip Code

33126

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

ANIBAL J. DUARTE-VIERA

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

(NOTE: Registered Agent signature required when reinstating)

4-26-04

DATE

ing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DUARTE-VIERA, ANIBAL J
STREET ADDRESS 8550 NW 33RD STREET, SUITE 200
CITY-ST-ZIP MIAMI, FL 33122

☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME DUARTE-VIERA, ANIBAL J.
STREET ADDRESS 5835 BLUE LAGOON DRIVE, SUITE 200
CITY-ST-ZIP MIAMI, FL 33126

☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-26-04 305-461-5995