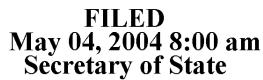
## 2004 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**



DOCUMENT # L03000003618  1. Entity Name 901 PROPERTY LLC							Ctal y 2004 90020		
Principal Place of Business Mailing Address 8550 NW 33RD STREET, SUITE 200 8550 NW 33RD STREET, SUIT MIAMI, FL 33122 MIAMI, FL 33122					たるのよのなみ				
	lace of Business BLVE LAGOON DR.	3. Mailing Address 5835 BlvE Suite, Apt. #, etc.	LAboon	De.					
SUITE 200 SUITE 200 City & State //					04262004 4. FEI Numb	Chg-LLC		083 (10/03) Ap	plied For
Zip A	Country	MI'AMI, F	Country //	-		3 67 6 e of Status Desi		\$5.00 Add	
10/0	6. Name and Address of Current B				7 Nama an	d Address of N	law Baglatarad	Fee Require	0=
6. Name and Address of Current Registered Agent Name						d Address of N			20/16
DUARTE-VIERA, ANIBAL J 8550 NW 33RD STREET, SUITE 200 Street Age					PAME AGENT - NEW ADDRESS ONLY  Tess (P.O. Box Number is No Acceptable)  BY  THE TAKEN DLIVE  THE TAKEN DLIVE				
MIAMI, FL 33122:				50/18	5 20			<i>1•0</i>	<u>-</u>
				IAM	v	•	FI	z zacad	26
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office o	r registere	d agent, or b	oth, in the State	of Florida. I an	familiar with,	and accept
SIGNATURE  Signature required when reinstating)  Auto Auto Auto Auto Auto Auto Auto Auto								<del>7</del>	
	g Fee is \$50.00 ue by May 1, 2004						Make check orlda Departr	nent of State	
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITI	ONS/CHANGE	S	
TITLE	MGRM	☐ Delete	TITLE	MORI	M			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	DUARTE-VIERA, ANIBAL J 8550 NW 33RD STREET, SUITE : MIAMI, FL 33122	200	NAME STREET ADDRESS CITY-ST-ZIP	1583.	S BLV	ERA, AN. EZAGO 33126	ON PRI	VE, SUITE	000
TITLE		☐ Delete	TITLE	17/17	7// 1	22126		☐ Change	Addition
→ NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	<u> </u>			<del></del>	Change	Addition
NAME OTREET ARRESTOR			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE	. 1314	☐ Delete	TITLE			****		☐ Change	☐ Addition
NAME OXDEEX LEBESCO	-		NAME	1					
STREET ADDRESS CITY-ST-ZIP	·	• *	STREET ADDRESS CITY-ST-ZIP						
TITLE	,	☐ Delete	TITLE		W144			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME						
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					•	
TITLE		Delete	TITLE	ļ <del>-</del>				☐ Change	☐ Addition
NAME			NAME					i awaigo	
STREET ADDRESS			STREET ADDRESS						

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.