

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**

XXXXXXXXXX



2. Principal Place of Business
5835 Blue Lagoon Dr
 Suite, Apt. #, etc.
SUITE 200

3. Mailing Address
5835 Blue Lagoon Dr
 Suite, Apt. #, etc.
SUITE 200

04262004 Chg-LLC CR2E083 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
11-3676096
 Applied For
 Not Applicable

Zip
33126

Country
US

Zip
33126

Country
US

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** DATE **4-26-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUARTE-VIERA, ANIBAL J 8550 NW 33RD STREET, SUITE 200 MIAMI, FL 33122 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUARTE-VIERA, ANIBAL J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5835 BLUE LAGOON DRIVE, SUITE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ANIBAL J. DUARTE-VIERA** DATE **4-26-04** DAYTIME PHONE # **305-461-5995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DEPARTMENT