

**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 <input type="checkbox"/> Delete 8550 NW 33RD STREET, SUITE 200 MIAMI, FL 33122
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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DUARTE-VIERA, ANIBAL J. 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
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
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