


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90016 012 ****50.00

DOCUMENT # L03000019832		
1. Entity Name 3101, LLC		

Principal Place of Business 1110 BRICKELL AVENUE, SUITE 504 MIAMI, FL 33131	Mailing Address 1110 BRICKELL AVENUE, SUITE 504 MIAMI, FL 33131
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20056039



2. Principal Place of Business 2929 SW 3RD AVE SUITE 520 MIAMI, FL 33129 USA	3. Mailing Address 2929 SW 3RD AVE SUITE 520 MIAMI, FL 33129 USA
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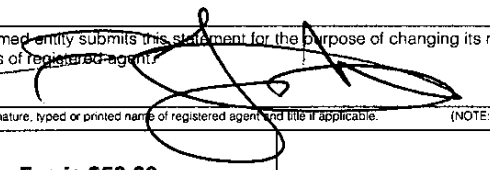
04192005 Chg-LLC CR2E083 (10/03)

4. FEI Number 73-1679366	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHATZMAN, LARRY O ESQ 1110 BRICKELL AVENUE, SUITE 504 MIAMI, FL 33131

7. Name and Address of New Registered Agent	
Name JUANITA ZUMPAÑO P.A.	
Street Address (P.O. Box Number is Not Acceptable) 2801 TORRE DE LEON PH 1280	
City CORAL GABLES, FL	Zip Code 33134

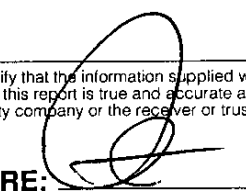
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	SIGNATURE 	DATE 4/20/05
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**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORNE, ROBERT F 1110 BRICKELL AVENUE, SUITE 5604 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORNE, ROBERT F. 2929 SW 3RD AVE SUITE A 520 MIAMI, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 	4/27/05 (305) 424-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #