


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000031507

1. Entity Name
 801 MONTEREY, L.L.C.



Principal Place of Business Mailing Address

901 PONCE DE LEON BLVD #502 901 PONCE DE LEON BLVD #502
 MIAMI, FL 33134 MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE



04012008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 47-0927595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ-ABREU, JAVIER
 901 PONCE DE LEON BLVD #502
 MIAMI, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

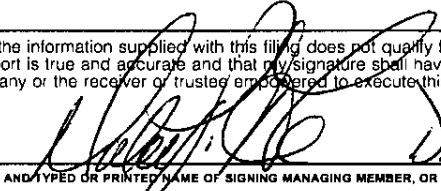
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE GOYTISOLO, AGUSTIN G 1550 MADRUGA AVE, STE 403 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ-ABREU, DULCE 901 PONCE DE LEON BLVD #502 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ-ABREU, JAVIER 901 PONCE DE LEON BLVD #502 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN-LAVIELLE, ANA 901 PONCE DE LEON BLVD #502 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUJALS, VICTOR 901 PONCE DE LEON BLVD #502 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/24/08-80083-009 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Duke Perez-Abreu** 4/9/08 305-443-8794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #