

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031507

FILED
May 12, 2009
Secretary of State

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

Current Principal Place of Business:

901 PONCE DE LEON BLVD #502
MIAMI, FL 33134

New Principal Place of Business:

901 PONCE DE LEON BLVD.
SUITE 502
CORAL GABLES, FL 33134

Current Mailing Address:

901 PONCE DE LEON BLVD #502
MIAMI, FL 33134

New Mailing Address:

901 PONCE DE LEON BLVD.
SUITE 502
CORAL GABLES, FL 33134

FEI Number: 47-0927595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PEREZ-ABREU, JAVIER
901 PONCE DE LEON BLVD.
SUITE 502
CORAL GABLES, FL 33134 US

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.

SIGNATURE: _____

05/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: DE GOYTISOLO, AGUSTIN G
Address: 1550 MADRUGA AVE, STE 403
City-St-Zip: CORAL GABLES, FL 33146

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: PEREZ-ABREU, DULCE
Address: 901 PONCE DE LEON BLVD #502
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: PEREZ-ABREU, JAVIER
Address: 901 PONCE DE LEON BLVD #502
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: MARTIN-LAVIELLE, ANA
Address: 901 PONCE DE LEON BLVD #502
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: PUJALS, VICTOR
Address: 901 PONCE DE LEON BLVD #502
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DULCE PEREZ-ABREU

MS

05/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date