


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90072 026 \*\*\*\*55.00

<b>DOCUMENT # L03000032859</b>		
1. Entity Name 801 VP, L.L.C.		

Principal Place of Business 2900 GRADES CIRCLE, SUITE 375 WESTON, FL 33327	Mailing Address 7980 NW 156 TERRACE MIAMI LAKES, FL 33016
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2. Principal Place of Business 2700 GRADES CIRCLE Suite, Apt. #, etc. SUITE 111 City & State WESTON, FLORIDA Zip 33327	3. Mailing Address 2700 GRADES CIRCLE Suite, Apt. #, etc. SUITE 111 City & State WESTON, FLORIDA Zip 33327	Country BROWARD
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01242005 Chg-LLC	CR2E083 (10/03)
4. FEI Number 27-0067422	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  NATHAN, RANDY J C/O FRANK, WEINBERG & BLACK, P.A. 7805 S.W. 6TH COURT PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERREIRA, EDUARDO A 7980 NW 156 TERRACE MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERREIRA, EDUARDO A 2019 HARBOUR VUE CIRCLE WESTON, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLAMIA, INC 9999 BAL HARBOUR TOWERS 11TH FLOOR BAL HARBOUR, FL 33301 <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
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

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:  EDUARDO A. FERREIRA  
MANAGER

1-25-2005