
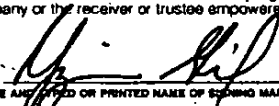


FILED
Mar 08, 2005 8:00 am
Secretary of State

02-01-2005 90157 019 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000078510 1. Entity Name THE ALLEN MORRIS COMPANY AS TRUSTEE FOR SECTION 19 MORTGAGEHOLDERS, LLC						
Principal Place of Business 121 ALHAMBRA PLAZA PENTHOUSE I, SUITE 1600 CORAL GABLES, FL 33134 US		Mailing Address 121 ALHAMBRA PLAZA PENTHOUSE I, SUITE 1600 CORAL GABLES, FL 33134 US				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip		Country		Zip		
Country		Country		Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
RENTZ, R. LARRY 121 ALHAMBRA PLAZA PENTHOUSE I, SUITE 1600 CORAL GABLES, FL 33134				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 renaming) _____ DATE _____						
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	MGR	<input type="checkbox"/> Delete				
NAME	MORRIS, W. ALLEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600					
CITY-ST-ZIP	CORAL GABLES, FL 33134					
TITLE	MGR	<input type="checkbox"/> Delete				
NAME	GRAHAM, DALE I	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600					
CITY-ST-ZIP	CORAL GABLES, FL 33134					
TITLE	MGR	<input type="checkbox"/> Delete				
NAME	GIL, YAZMIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600					
CITY-ST-ZIP	CORAL GABLES, FL 33134					
TITLE	MGR	<input type="checkbox"/> Delete				
NAME	RENTZ, R. LARRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600					
CITY-ST-ZIP	CORAL GABLES, FL 33134					
TITLE						<input type="checkbox"/> Delete
NAME						<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS						<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE						<input type="checkbox"/> Delete
NAME						<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS						<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		YAZMIN GIL, Manager		1/7/05 305-443-1000		
SIGNATURE AND/OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____						

JUN 10 2005



01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1810805** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required