

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078510

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Entity Name:** THE ALLEN MORRIS COMPANY AS TRUSTEE FOR SECTION 19 MORTGAGEHOLDERS, LLC

**Current Principal Place of Business:**

121 ALHAMBRA PLAZA  
PENTHOUSE I, SUITE 1600  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

121 ALHAMBRA PLAZA  
PENTHOUSE I, SUITE 1600  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 20-1810805      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RENTZ, R. LARRY  
121 ALHAMBRA PLAZA  
PENTHOUSE I, SUITE 1600  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MORRIS, W. ALLEN  
Address: 121 ALHAMBRA PLAZA, PH I, SUITE 1600  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR  
Name: GRAHAM, DALE I  
Address: 121 ALHAMBRA PLAZA, PH I, SUITE 1600  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR  
Name: GIL, YAZMIN  
Address: 121 ALHAMBRA PLAZA, PH I, SUITE 1600  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR  
Name: RENTZ, R. LARRY  
Address: 121 ALHAMBRA PLAZA, PH I, SUITE 1600  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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: YAZMIN GIL

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02/12/2010

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