

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000003924

1. Entity Name
ALMEIRAS 2001, L.L.C.



Principal Place of Business

1110 BRICKELL AVENUE
601
MIAMI, FL 33131

Mailing Address

1110 BRICKELL AVENUE
601
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

FILED

08 MAY -1 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-2155162

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANDARIZ, JOSE M
1110 BRICKELL AVENUE
601
MIAMI, FL 33131

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

200128024412
05/01/08--01026--029 **143.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRANDARIZ, JOSE M
1110 BRICKELL AVENUE SUITE # 601
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRANDARIZ, ROSANDO
1110 BRICKELL AVENUE - #601
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/29/08 (305) 377-0202