


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-10-2006 90169 046 ****55.00

DOCUMENT # L05000008910	
1. Entity Name 8701 SOUTHWEST, LLC	

Principal Place of Business FERNWOOD ROAD #472 KEY BISCAWAYNE, FL 33149 US	Mailing Address FERNWOOD ROAD #472 KEY BISCAWAYNE, FL 33149 US
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30002420



2. Principal Place of Business <i>1121 Crandon Blvd</i>	3. Mailing Address <i>1121 Crandon Blvd</i>
Sub/e, Apt. #, etc. <i>Condominium the towers Apt 406</i>	Sub/e, Apt. #, etc. <i>Condominium the towers Apt 406</i>
City & State <i>Key Biscayne, FL</i>	City & State <i>Key Biscayne, FL</i>
Zip <i>33149</i> Country <i>USA</i>	Zip <i>33149</i> Country <i>USA</i>

03102006 Chg-LLC CR2E083 (11/05)

4. FEI Number <i>20-2789607</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent INFANTE AND ZUMPANO, P.A. 2801 PONCE DE LEON BLVD. SUITE 1280 CORAL GABLES, FL 33134
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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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POSE, MANUEL V 3400 CORAL WAY, 5TH FLOOR MIAMI, FL 33145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

03-08-2006

Date

305 4471280

Daytime Phone #