

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90115 012 ***138.75

DOCUMENT # L05000017728

1. Entity Name
801 SOUTH MIAMI, LLC



Principal Place of Business
121 ALHAMBRA PLAZA, PH-I, SUITE 1600
CORAL GABLES, FL 33134

Mailing Address
121 ALHAMBRA PLAZA, PH-I, SUITE 1600
CORAL GABLES, FL 33134

50003639



01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5689745** Applied For
NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent

THE ALLEN MORRIS COMPANY
121 ALHAMBRA PLAZA, PH-I, SUITE 1600
CORAL GABLES, FL 33134

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MORRIS, W. ALLEN
STREET ADDRESS 121 ALHAMBRA PLAZA, PH-I, SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR ☐ Delete
NAME GIL, YAZMIN
STREET ADDRESS 121 ALHAMBRA PLAZA, PH-I, SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR ☐ Delete
NAME GRAHAM, DALE I
STREET ADDRESS 121 ALHAMBRA PLAZA, PH-I, SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR ☐ Delete
NAME RENTZ, R. LARRY
STREET ADDRESS 121 ALHAMBRA PLAZA, PH-I, SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

Yazmin Gil 1-17-07 305-443-1000