

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009938

Entity Name: 950 RESIDENCES CO., LLC

FILED
Jun 23, 2009
Secretary of State

Current Principal Place of Business:

1825 PONCE DE LEON BLVD.
NO 151
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

1825 PONCE DE LEON BLVD.
NO 151
MIAMI, FL 33134

New Mailing Address:

FEI Number: 20-4192491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMILO LOPEZ
601 BRICKELL KEY DR
STE 600
MIAMI, FL 33131 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 () Delete
Name: CONDO CONVERSIONS CO., LLC
Address: 1825 PONCE DE LEON BLVD., NO 151
City-St-Zip: CORA GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOPEZ, CAMILO
Address: 1825 PONCE DE LEON BLVD., NO 151
City-St-Zip: CORA GABLES, FL 33134

Title: MGR () Change (X) Addition
Name: SANCHEZ DE VARONA, RAUL
Address: 1825 PONCE DE LEON BLVD NO 151
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CAMILO LOPEZ

MGR

06/23/2009

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