

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000036996
 1. Entity Name
 7101 NMA DZ, LLC



Principal Place of Business
 2999 BRICKELL AVENUE
 MIAMI, FL 33129

Mailing Address
 2999 BRICKELL AVENUE
 MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE



03192008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4681660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLETTI, JOSEPH R
 4770 BISCAYNE BLVD., SUITE 630
 MIAMI, FL 33137

DO NOT WRITE 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 _____ (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

U00000901267
 04/29/08-80062-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM ZIFF, DEAN 2999 BRICKELL AVENUE MIAMI, FL 33129
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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: *Dean Ziff* **DEAN ZIFF** **4-9-08** **305-856-0323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #