

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90207 016 ****50.00

DOCUMENT # L06000066693					
1. Entity Name 801 PROPERTY INVESTMENT, LLC					
Principal Place of Business 801 OLIVE AVE #422 WEST PALM BEACH, FL 33401			Mailing Address 801 OLIVE AVE #422 WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
02282007 Chg-LLC CR2E083 (12/06) 4. Fictitious Number 14-1970437 Applied For Not Applicable					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NELSON-HOWARD, AMY 801 OLIVE AVE #422 WEST PALM BEACH, FL 33401			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 _____ Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating.) (DATE)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM NELSON-HOWARD, AMY 801 OLIVE AVE #422 WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM HOWARD, JAMES 801 OLIVE AVE #422 WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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: <i>Amy Nelson-Howard</i> Amy Nelson-Howard			3/9/07 501-602-9400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE DAYTIME PHONE #		