

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 08, 2009  
Secretary of State**

DOCUMENT# L07000021457

Entity Name: 910 MONDRIAN, LLC

**Current Principal Place of Business:**

1390 BRICKELL AVENUE, SUITE 200  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1390 BRICKELL AVENUE, SUITE 200  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 56-2647069      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:**

**Name and Address of New Registered Agent:**

ALVARO CASTILLO B., P.A.  
1390 BRICKELL AVENUE, SUITE 200  
MIAMI, FL 33131 US

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: BETHENCOURT, AROLD  
Address: 1390 BRICKELL AVENUE, SUITE 200  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: NUNEZ, OLGA  
Address: 1390 BRICKELL AVENUE, SUITE 200  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AROLD BETHENCOURT

MGR

05/08/2009

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