

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040368

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: NORTIS AT SBS 700, LLC

**Current Principal Place of Business:**

2601 S. BAYSHORE DRIVE, STE 700  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CIBRAN ELJAEK & LOPEZ, P.L.  
2601 SOUTH BAYSHORE DRIVE, STE #700  
COCONUT GROVE, FL 33133

**New Mailing Address:**

C/O MELLAW REGISTERED AGENTS, LLC  
2601 SOUTH BAYSHORE DRIVE, STE #700  
COCONUT GROVE, FL 33133

FEI Number: 20-8852994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CELLAW REGISTERED AGENTS, LLC  
2601 S. BAYSHORE DRIVE, STE 700  
COCONUT GROVE, FL 33133 US

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

MELLAW REGISTERED AGENTS, LLC  
2601 S. BAYSHORE DRIVE, STE 700  
COCONUT GROVE, FL 33133 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: SANTIAGO ELJAEK III, MGR

04/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ELIJAEK, SANTIAGO III  
Address: 2601 S. BAYSHORE DRIVE, STE 700  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES:**

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: SANTIAGO ELJAEK III

MGR

04/21/2009

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