

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048618

**FILED**  
**Apr 06, 2009**  
**Secretary of State**

**Entity Name:** RESTAURANT 121 ALHAMBRA TOWER, LLC

**Current Principal Place of Business:**

121 ALAHAMBRA PLZ PH 1  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

121 ALAHAMBRA PLZ  
SUITE 100  
CORAL GABLES, FL 33134

**Current Mailing Address:**

5724 NE 4TH AVE  
MIAMI, FL 33137

**New Mailing Address:**

121 ALHAMBRA PLZ  
SUITE 100  
CORAL GABLES, FL 33134

**FEI Number:** 26-0141318

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALVARO CASTILLO B., P.A.  
1390 BRICKELL AVENUE, SUITE 200  
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: ROLOTTI, HECTOR  
Address: % 1390 BRICKELL AVENUE, SUITE 200  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROLOTTI, HECTOR  
Address: 1390 BRICKELL AVENUE, SUITE 200  
City-St-Zip: MIAMI, FL 33131

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:** HECTOR ROLOTTI

MGR

04/06/2009

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