

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061191

Entity Name: 50 MAJORCA, LLC

FILED
Jun 11, 2009
Secretary of State

Current Principal Place of Business:

355 CASUARINA CONCOURSE
CORLA GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

355 CASUARINA CONCOURSE
CORLA GABLES, FL 33143

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZAR, MARIA I
355 CASUARINA CONCOURSE
CORLA GABLES, FL 33143 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: MGRM () Delete
Name: AZAR, MARIA I
Address: 355 CASUARINA CONCOURSE
City-St-Zip: CORLA GABLES, FL 33143

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: MARIA AZAR MRS 06/11/2009

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