

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90018 046 \*\*\*150.00

**DOCUMENT # L72591**

1. Entity Name  
330 BISCAYNE REALTY, INC.



Principal Place of Business

121 ALHAMBRA PLAZA  
PENTHOUSE 1, STE 1600  
CORAL GABLES, FL 33134

Mailing Address

121 ALHAMBRA PLAZA  
PENTHOUSE 1, STE 1600  
CORAL GABLES, FL 33134

**60023955**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0807829

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

RENTZ, R. LARRY  
121 ALHAMBRA PLAZA, PH I, STE 1600  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MORRIS, W. ALLEN  
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE T  
NAME GIL, YAZMIN  
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D.  
NAME BELL, JAMES F JR.  
STREET ADDRESS 1160 JOHNSON FERRY ROAD  
CITY-ST-ZIP ATLANTA, GA 30319

TITLE V  
NAME GRAHAM, DALE I  
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE V  
NAME RENTZ, R. LARRY  
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Yazmin Gil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-07  
Date

305-443-1000  
Daytime Phone #