

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90079 009 ****50.00

DOCUMENT # L03000031372

1. Entity Name
150 MIAMI ASSOCIATES, LLC



Principal Place of Business
1411 WALNUT STREET, 3RD FLOOR
PHILADELPHIA, PA 19102

Mailing Address
1411 WALNUT STREET, 3RD FLOOR
PHILADELPHIA, PA 19102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072004 Chg-LLC CR2E083 (10/03)

4. FEI Number

03-0526156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name DAN KOTSCHEID

Street Address (P.O. Box Number is Not Acceptable)

19501 W. COUNTRY CLUB DR. APT 1503

City AVENTURA

FL

Zip Code 33180

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

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
MORAN
FLORIDA IMC, LLC
1411 WALNUT ST.
PHILADELPHIA, PA 19102 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #