

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90071 007 \*\*\*138.75

DOCUMENT # L03000042216



1. Entity Name  
 INLAND TOWERS OF NORTH MIAMI BEACH, LLC

Principal Place of Business  
 210-71ST STREET STE. 309  
 MIAMI BEACH, FL 33141

Mailing Address  
 1 FINANCIAL PLAZA  
 SUITE 2001  
 FT. LAUDERDALE, FL 33394

60007970



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

210 71st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

309

01142008 Chg-LLC CR2E083 (12/06)

City & State

City & State

Miami Beach, FL

4. FEI Number  
 43-2034740

Applied For  
 Not Applicable

Zip

Country

Zip

Country

33141

USA

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIOTRKOWSKI, JOEL S  
 317 71ST STREET  
 MIAMI BEACH, FL 33141

Name

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

City

FL

Zip Code

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  Delete  
 NAME LED TRUST, LLC  
 STREET ADDRESS 210-71ST STREET STE. 309  
 CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MGRM  Delete  
 NAME COHEN, JOSEPH  
 STREET ADDRESS 210-71 STREET NO. 309  
 CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 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:

*Handwritten signature*

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

02/04/08

Date

(205)864-8885

Daytime Phone #