



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000054274 1. Entity Name GROUNDLEASE MANAGEMENT LLC	
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Principal Place of Business 10800 BISCAYNE BLVD. SUITE 350 MIAMI, FL 33161	Mailing Address 10800 BISCAYNE BLVD. SUITE 350 MIAMI, FL 33161
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DO NOT WRITE IN THIS SPACE

	
01102008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-0510466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
SUITE 1500 (JDB)
MIAMI, FL 33131

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POSNER, STEVEN 10800 BISCAYNE BLVD., SUITE 350 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POSNER, STUART 10800 BISCAYNE BLVD., SUITE 350 MIAMI, FL 33161
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U00000784544
01/16/08-80059-008 138.75

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:  **Stuart Posner** 01/10/08 (305) 893-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #