### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L05000028398

1. Entity Name

150 MIAMI ASSOCIATES TENANT, LLC



Principal Place of Business

150 S.E. 3RD AVENUE MIAMI, FL 33131 Mailing Address

1411 WALNUT ST. PHILADELPHIA, PA 19102

US

## FILED Feb 20, 2008 8:00 am Secretary of State

02-20-2008 90028 001 \*\*\*277.50

30000612



01042008 No Chg-LLC

CR2E083 (12/07)

| . FEI Number |      |
|--------------|------|
| 75-3191582   |      |
|              | A- / |

5. Certificate of Status Desired

\$5.00 Additional

Applied For Not Applicable

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

ROTHSCHILD, DANIEL 11221 REDBERRY DR DAVIE, FL 33330

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| 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.  |
|    |   |
| Ç. | CNATI IDS   |

(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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>150 MIAMI ASSOCIATES TENANT MANAGER, LLC<br>1411 WALNUT ST.<br>PHILADELPHIA, PA 19102 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |
| 11. I hereby certify that the information supplied with this filling does not qualify for the e |   |  |

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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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: //////

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/1/18

215-241-626 NO

Daytime Phone #