2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 05, 2007 8:00 am
Secretary of State
03-20-2007 90146 010 ****50.00

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1. Entity Name
ONE BAYFRONT PLAZA, LLC

Principal Place of Business	Mailing Address
100 SOUTH BISCAYNE BOULEVARD, SUITE ~~1100~~ 900 MIAMI, FL 33131	100 SOUTH BISCAYNE BOULEVARD, SUITE ~~1100~~ 900 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4391206 ☐ Applied For ☐ Not Applicable

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
ROSENTHAL, KERRY E ESQ ROSENTHAL ROSENTHAL RASCO 2875 NORTHEAST 191ST STREET, SUITE 500 AVENTURA, FL 33180	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HOLLO, TIBOR 100 SOUTH BISCAYNE BOULEVARD, ~~SUITE 1100~~ MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 100 S Biscayne Blve, Suite 900
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Wayne Hollo 100 S Biscayne Blvd Miami, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Jerome Hollo 100 S Biscayne Blvd Miami, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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: Leonard Kerr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

060-2212