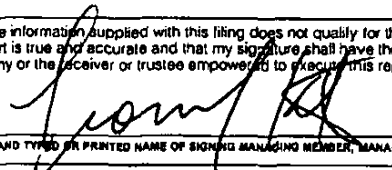


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

03-20-2007 90146 010 ****50.00

DOCUMENT # L06000020896			
1. Entity Name ONE BAYFRONT PLAZA, LLC			
Principal Place of Business 100 SOUTH BISCAYNE BOULEVARD, SUITE 1100 MIAMI, FL 33131		Mailing Address 100 SOUTH BISCAYNE BOULEVARD, SUITE 1100 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
6. Name and Address of Current Registered Agent ROSENTHAL, KERRY E ESQ ROSENTHAL ROSENTHAL RASCO 2875 NORTHEAST 191ST STREET, SUITE 500 AVENTURA, FL 33180		7. Name and Address of New Registered Agent 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 resigning.) DATE _____			
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-STATE-ZIP	MGRM HOLLO, TIBOR 100 SOUTH BISCAYNE BOULEVARD, SUITE 1100 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	100 S Biscayne Blvd, Suite 900 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR Wayne Hollo 100 S Biscayne Blvd Miami, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR Jerome Hollo 100 S Biscayne Blvd Miami, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: 		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # _____	

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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

060-272