## FILE NOW: Fee after May 1, will be \$588.75

		· · · · · · ·					<del></del> 1		
LIMITED LIABILITY COMPANY ANNUAL REPORT				FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State			FILED		
	7	DIVISION	DIVISION OF CORPORATIONS		97 APR 28 AM 8: 41				
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address DOCLINAENT #							SECRETARY OF STATE TALLAHASSEE, FLORIDA		
1. Name and Mailing Address of Limited Liability Company  DOCUMENT #19500000497									
DOWNTOWN INDUSTRIAL PROPERTIES, L.C.  100 S BISCAYNE BLVD SUITE 1100 MIAMI FL 33131  If above mailing address is incorrect in any way. Nee through incorrect information and enter correction in							1a. Principal Pia 100 S BI SUITE 11 MIAMI FL	SCAYNE 00	
If above mail  2 Principal f		ct Information a iling Address				ed or Qualified	3a. State of Formation		
1 Thiogar tao 5 Sounds							06/26/19	95	FL .
Suite, Apt. #,	, etc.	Suite, A	Suite, Apt. #, etc.			4. FEI Number		Applied For	
City & State		City & S	City & State				F.O.	Not Applicable	
ony a orano							5. Date of Last		6. Certificate of Status Desired
Zip	Country Z		Zip	Zip Count		гу	04/18/19	•	St Zs Additional Fee Required
	7. Name	and Address of Curr	ent Registere	d Agent		Name	8. Name and Add	reas of New R	egistered Agent
HOLLO, TIBOR 100 S BISCAYNE BLVD SUITE 1100 MIAMI FL 33131					Street Address (P.O. Box Number is N Suite, Apt. #, etc. City			is Not Accepta	Zip Code
its registered	d office or reg	sions of Sections 608.4 pistered agent, or both, in accept the obligations	n the State of F	98, Florida Stat Iorida. Such ch	ules, the a ange was a	bove-named limite authorized by affirn	native vote of a major	submits this stat ity of the membe	ement for the purpose of changing ers. I hereby accept the appointment
SIGNATURE	E	(Registered Agent Accep	oling Appointment)	(NOTE: Registered	Agent signatu	re required when reinsta	ing)	DATE	
10. Title				Business Street Address			City, State and Zip Code		
				1				MIAMI F MIAMI F	•
		WEET N.D.						0002 -05/01	1624927 1/9701106023 203.75 ****203.75
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the Information indicated on this annual 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 liabilit attachment v	ty company with an addr	or the receiver or truste ress.	e empowered	to execute this	report as r	equired by Chapte	r 608, Florida Statut	es; and that my	name appears in Block 10, or on an
SIGNA	ATUR	E:	TYPED OF PRINTE	ED NAME OF SIGNIF	NG MANAGIN	3 MEMBER OR MANAGE	4//6	Date	Daylime Phone ≢