

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 04, 2008 08:00 AM
Secretary of State**

DOCUMENT # M05000001553

1. Entity Name
DOWNTOWN MIAMI MALL LLC



Principal Place of Business
**C/O ARGENT VENTURES 551 FIFTH AVE
34TH FLOOR
NEW YORK, NY 10176**

Mailing Address
**C/O ARGENT VENTURES 551 FIFTH AVE
34TH FLOOR
NEW YORK, NY 10176**



01082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2553096

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 *Faith M. Atkins* *Faith M. Atkins Asst. Secretary* *1/8/08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **DOWNTOWN MIAMI OPERATING MANAGER LLC**
STREET ADDRESS **551 FIFTH AVENUE, 34TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000813748
02/13/08-80018-002 138.75

**DO NOT WRITE
IN THIS SPACE**

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: MARK TEITELBAUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/29/08

Date

212-692-5404

Daytime Phone #