


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90117 033 ****50.00

DOCUMENT # M02000002126 1. Entity Name LLKA MIAMI VENTURE GP, LLC					
Principal Place of Business 3424 PEACHTREE ROAD, NE, SUITE 800 ATTN: LEGAL DEPT. ATLANTA, GA 30326			Mailing Address 3424 PEACHTREE ROAD, NE, SUITE 800 ATTN: LEGAL DEPT. ATLANTA, GA 30326		
2. Principal Place of Business 801 Grand Avenue Suite, Apt. #, etc. Attn: Bob Roepsch City & State Des Moines, IA Zip 50392		3. Mailing Address 801 Grand Avenue Suite, Apt. #, etc. Attn: Bob Roepsch City & State Des Moines, IA Zip 50392		03222004 Chg-LLC CR2E083 (10/03) 4. FEI Number 13-4207823 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEND LEASE MIAMI VENTURE, LLC 3424 PEACHTREE ROAD, NE, SUITE 800 ATLANTA, GA 30326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PAO Miami Venture, LLC 801 Grand Avenue Des Moines, IA 50392	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAN AM 200 SOUTH BISCAYNE, LP 3290 NORTHSIDE PARKWAY, SUITE 840 ATLANTA, GA 30327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

Attachment
241043812

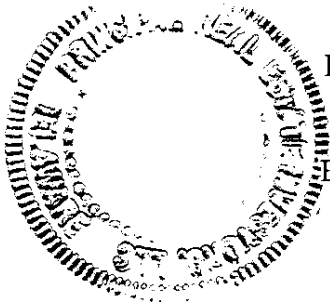
Executed on this 14 day of April, 2004

MD200002126

LLKA MIAMI VENTURE GP LLC, a Delaware limited liability company

By: PAO MIAMI VENTURE, LLC, a Delaware limited liability company, its
managing member

By: PRINCIPAL REAL ESTATE INVESTORS, LLC, a Delaware limited
liability company, its non-member manager



By

Sandra K. Lantz

Sandra K. Lantz
Senior Closing Consultant

By

C.N. Giles

C.N. Giles
Assistant Managing Director
Loan Administration Operations