2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# L01000004101

Entity Name: 200 SE FIRST LAND, LLC

Current Principal Place of Business:

1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 91-2135232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GARFINKLE, DAVID
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	WERNER, MICHAEL B	
Address:	1111 LINCOLN RD #400	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	MGRM	( ) Delete
Name:	GARFINKLE, BENJAMIN	
Address:	1111 LINCOLN RD #400	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	MGRM	( ) Delete
Name:	GARFINKLE, DAVID	
Address:	1111 LINCOLN RD #400	
City-St-Zip:	MIAMI BEACH, FL 33139	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL B WERNER MGRM 01/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date