


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

02-26-2008 90036 018 ***138.75

DOCUMENT # M06000003329

1. Entity Name
5002 WEST WATERS OWNER, LLC



Principal Place of Business
**1395 BRICKELL AVENUE, SUITE 680
 MIAMI, FL 33131**

Mailing Address
**1395 BRICKELL AVENUE, SUITE 680
 MIAMI, FL 33131**

30002417



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02132008 Chg-LLC CR2E083 (12/08)

4. FEI Number
APPLIED FOR 20-523549

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**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 5002 WEST WATERS OWNER CORP 1395 BRICKELL AVE., SUITE 640 MIAMI, FL 33131 <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	MGRM LIMBURG, ANDREAS C/O STEVEN HALL, 1395 BRICKELL AVE., 680 MIAMI, FL 33131 <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	MGRM ROLIN, PIERRE N C/O STEVEN HALL, 1395 BRICKELL AVE., 680 MIAMI, FL 33131 <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	MGRM HACKETT, KEVIN R 1221 AVENUE OF THE AMERICAS 29TH FLOOR NEW YORK, NY 10020 <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	MGRM OPAR, JOHN L 599 LEXINGTON AVENUE NEW YORK, NY 10022 <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	MGR HALL, STEVEN 1395 BRICKELL AVENUE #680 MIAMI, FL 33131 <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 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: *Steven Hall* Date: 2-13-08 Daytime Phone #: 305-374-9900

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

Gunn Allen 30002417
 Owner LLC Tax ID Number # MO6 600003329
ATTACHMENT

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-5235649 OMB No. 1545-0003												
1* Legal name of entity (or individual) for whom the EIN is being requested 5002 West Waters Owner LLC														
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name Strategic Real Estate Advisors USA												
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 1395 Bricknell Avenue Suite 640		5a Street address (if different) (Do not enter a P.O. box)												
4b* City, state, and ZIP code Miami FL 33131		5b City, state, and ZIP code												
6* County and state where principal business is located County Dade State FL														
7a Name of principal officer, general partner, grantor, owner, or trustee 5002 West Waters Avenue LLC		7b SSN, ITIN, EIN 59-2624567												
8a* Type of entity (check only one) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ Ltd Liability Co </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"> <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises </td> </tr> </table>			<input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ Ltd Liability Co	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶		<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises								
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8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country												
9* Reason for applying (check only one) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input checked="" type="checkbox"/> Started new business (specify type) ▶ Real Estate <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ </td> </tr> </table>			<input checked="" type="checkbox"/> Started new business (specify type) ▶ Real Estate <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶										
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10* Date business started or acquired (month, day, year) JUN 9 2006		11 Closing month of accounting year												
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i>														
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"></td> <td style="width: 10%; border: none; text-align: center;">Agriculture</td> <td style="width: 10%; border: none; text-align: center;">Household</td> <td style="width: 20%; border: none; text-align: center;">Other</td> </tr> </table>				Agriculture	Household	Other								
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14* Check box that best describes the principal activity of your business <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;"><input type="checkbox"/> Construction</td> <td style="width: 25%; border: none;"><input type="checkbox"/> Rental & leasing</td> <td style="width: 25%; border: none;"><input type="checkbox"/> Transportation & warehousing</td> <td style="width: 25%; border: none;"><input type="checkbox"/> Health care & social assistance</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Real estate</td> <td style="border: none;"><input type="checkbox"/> Manufacturing</td> <td style="border: none;"><input type="checkbox"/> Finance & insurance</td> <td style="border: none;"><input type="checkbox"/> Accommodation & food service</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other (specify)</td> <td colspan="3" style="border: none;"><input type="checkbox"/> Retail</td> </tr> </table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input checked="" type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Retail		
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<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Retail													
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Real estate														
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note if "Yes" please complete lines 16b and 16c</i>														
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶														
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN														
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form														
Third Party Designee	Designee's name Shearman and Sterling Karen Heymann Address and ZIP code 599 Lexington Avenue New York NY 10022	Designee's telephone number (include area code) (212) 848 - 4197 Designee's fax number (include area code) () -												
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)		Applicant's telephone number (include area code)												

ATTACHMENT

30002417

#M 06000003329

▶ Signature ▶ Not Required

Date ▶ July 20, 2006 GMT

() -
Applicant's fax number (include area code)
() -