

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90125 022 \*\*\*138.75

**DOCUMENT # L07000115935**

1. Entity Name  
TWJ 250 WEST STREET LLC



Principal Place of Business  
100 S BISCAYNE BLVD  
SUITE 900  
MIAMI, FL 33131

Mailing Address  
100 S BISCAYNE BLVD  
SUITE 900  
MIAMI, FL 33131

60027285



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192008 Chg-LLC CR2E083 (12/06)

4. FEI Number

26-1421790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOLLO, JEROME  
100 S BISCAYNE BLVD  
SUITE 900  
MIAMI, FL 33131

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

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**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME HOLLO, TIBOR  
STREET ADDRESS 100 S BISCAYNE BLVD STE 900  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM ☐ Delete  
NAME HOLLO, JEROME  
STREET ADDRESS 100 S BISCAYNE BLVD STE 900  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM ☐ Delete  
NAME HOLLO, WAYNE  
STREET ADDRESS 100 S BISCAYNE BLVD STE 900  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR ☐ Delete  
NAME KATZ, LEONARD  
STREET ADDRESS 100 S BISCAYNE BLVD STE 900  
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

4/8/08

Date

Daytime Phone #