

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001350

FILED  
Feb 21, 2008  
Secretary of State

Entity Name: PROPERTY MANAGEMENT LLC

**Current Principal Place of Business:**

701 BRICKELL AVE., STE. 3000  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

701 BRICKELL AVE., STE. 3000  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 65-0981594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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: HARRY B. DAVIS

02/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GOW, JAMES M JR.  
Address: 701 BRICKELL AVE., STE. 3000  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: GOW, INES VICTORIA  
Address: 701 BRICKELL AVE., STE. 3000  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

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 exemption stated in Chapter 119, 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: JAMES M. GOW, JR.

MGR

02/21/2008

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