

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90071 006 \*\*\*\*50.00

**DOCUMENT # L03000031373**

1. Entity Name  
L-A MIAMI, LLC



Principal Place of Business

575 E SWEDESFORD RD  
WAYNE, PA 19087

Mailing Address

1411 WALNUT STREET, 3RD FLOOR  
PHILADELPHIA, PA 19102

**20014694**



01112005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

03-0526159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROTASCHILD, DAN  
19501 W COUNTRY CLUB DR  
APT 15-3  
MIAMI, FL 33180

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LUBERT-ADLER REAL ESTATE FUND III LP
STREET ADDRESS	575 E SWEDESFORD RD
CITY-ST-ZIP	WAYNE, PA 19087
TITLE	MGRM
NAME	LUBERT-ADLER RL. EST. PARALLEL FUND III LP
STREET ADDRESS	575 E SWEDESFORD RD
CITY-ST-ZIP	WAYNE, PA 19087
TITLE	MGRM
NAME	LUBERT-ADLER CAPITAL RL. EST. FUND III LP
STREET ADDRESS	575 E SWEDESFORD RD
CITY-ST-ZIP	WAYNE, PA 19087
TITLE	MGRM
NAME	LUBERT-ADLER RL. EST. EQUITY FUND III LP
STREET ADDRESS	575 E SWEDESFORD RD
CITY-ST-ZIP	WAYNE, PA 19087
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

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

R. ERK EMRICH, CFO/VP

Date

3/17/05 610-971-9340

Daytime Phone #