

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90034 003 \*\*\*\*50.00

**DOCUMENT # L03000031373**

1. Entity Name  
**L-A MIAMI, LLC**



Principal Place of Business  
2929 Arch Street, Suite 1650  
Philadelphia, PA 19104-2868

Mailing Address  
1411 WALNUT STREET, 3RD FLOOR  
PHILADELPHIA, PA 19102

**60041198**



03152007 No Chg-LLC

CR2E083 (11/05)

**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  
11221 REDBERRY DRIVE  
DAVIE, FL 33330

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LUBERT-ADLER REAL ESTATE FUND III LP 2929 Arch Street, Suite 1650 Philadelphia, PA 19104-2868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LUBERT-ADLER RL EST. PARALLEL FUND III LP 2929 Arch Street, Suite 1650 Philadelphia, PA 19104-2868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LUBERT-ADLER CAPITAL RL EST. FUND III LP 2929 Arch Street, Suite 1650 Philadelphia, PA 19104-2868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LUBERT-ADLER RL EST. EQUITY FUND III LP 2929 Arch Street, Suite 1650 Philadelphia, PA 19104-2868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000702363  
04/26/07 90034-023 150.00

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, OR AUTHORIZED REPRESENTATIVE

**4/4/07**  
Date

Daytime Phone #