

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90177 001 \*\*\*277.50

**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

**30001805**



01042008No Chg-LLC

CR2E083 (12/07)

**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

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

9. MANAGING MEMBERS/MANAGERS

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

2/19/08

Date

Daytime Phone #