

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042216

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: INLAND TOWERS OF NORTH MIAMI BEACH, LLC

**Current Principal Place of Business:**

210-71ST STREET STE. 309  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

301 LINCOLN RD  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

210-71ST STREET STE. 309  
MIAMI BEACH, FL 33141

**New Mailing Address:**

301 LINCOLN RD  
MIAMI BEACH, FL 33139

FEI Number: 43-2034740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PIOTRKOWSKI, JOEL S  
317 71ST STREET  
MIAMI BEACH, FL 33141 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LED TRUST, LLC  
Address: 210-71ST STREET STE. 309  
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM ( ) Delete  
Name: COHEN, JOSEPH  
Address: 210-71 STREET NO. 309  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JOSEPH, COHEN  
Address: 301 LINCOLN RD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM (X) Change ( ) Addition  
Name: COHEN, JOSEPH  
Address: 301 LINCOLN RD  
City-St-Zip: MIAMI BEACH, FL 33139

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: JOSEPH COHEN

MGRM

04/14/2009

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