

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000052816

Entity Name: GIRALDA COMPLEX, LLC

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2222 PONCE DE LEON BLVD  
STE 150  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2222 PONCE DE LEON BLVD  
STE 150  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 20-1371381

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEHRMAN, JEFFREY E  
2222 PONCE DE LEON BOULEVARD  
SUITE 150  
CORAL GABLES, FL 33134 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: MGR  
Name: LENS, ALBERTO  
Address: 2222 PONCE DE LEON BLVD STE 150  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: ECKES-CHANTRE, HEIDRUN  
Address: 2222 PONCE DE LEON BLVD STE 150  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: ALBERTO LENS

MGR

02/10/2010

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