

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052825

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: 114TH STREET PROPERTY, LLC

## Current Principal Place of Business:

3000 N.W. 125 STREET  
MIAMI, FL 33167 US

## New Principal Place of Business:

2222 PONCE DE LEON BOULEVARD  
SUITE 302  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

2222 PONCE DE LEON BLVD  
SUITE 500  
CORAL GABLES, FL 33134 US

## New Mailing Address:

2222 PONCE DE LEON BLVD  
SUITE 302  
CORAL GABLES, FL 33134 US

FEI Number: 20-1371423      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LEHRMAN, JEFFREY E  
2222 PONCE DE LEON BLVD  
SUITE 500  
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 ( ) Delete  
Name: LENS, ALBERTO  
Address: 3000 NW 125 STREET  
City-St-Zip: MIAMI, FL 33167

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LENS, ALBERTO  
Address: 2222 PONCE DE LEON BLVD SUITE 302  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: ALBERTO LENS

MGR

07/05/2006

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