2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000052825

1. Entity Name
114TH STREET PROPERTY, LLC

Principal Place of Business	Mailing Address
2222 PONCE DE LEON BOULEVARD SUITE 302 CORAL GABLES, FL 3134 US	2222 PONCE DE LEON BLVD SUITE 302 CORAL GABLES, FL 33134 US

DO NOT WRITE IN THIS SPACE

01052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1371423
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEHRMAN, JEFFREY E
2222 PONCE DE LEON BLVD
SUITE 500
CORAL GABLES, FL 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000582033
01/11/07-80015-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LENSI, ALBERTO
STREET ADDRESS	2222 PONCE DE LEON BLVD SUITE 302
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Karen Wetsson KAREN WETSSON 1/8/07 (305) 4426472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #