

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90040 006 ***138.75

DOCUMENT # L04000052825

1. Entity Name
114TH STREET PROPERTY, LLC



Principal Place of Business

2222 PONCE DE LEON BOULEVARD
SUITE 302 150
CORAL GABLES, FL 3134 US

Mailing Address

2222 PONCE DE LEON BLVD
SUITE 302 150
CORAL GABLES, FL 33134 US

60009971



01312008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

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 MGR
NAME LENS, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/12/08

305 4426472

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

ATTACHMENT

60009971

DOCUMENT # L04000052825 1. Entity Name 114TH STREET PROPERTY, LLC	
--	---

Principal Place of Business 2222 PONCE DE LEON BOULEVARD SUITE 302 150 CORAL GABLES, FL 3134 US	Mailing Address 2222 PONCE DE LEON BLVD SUITE 302 150 CORAL GABLES, FL 33134 US
--	--

DO NOT WRITE IN THIS SPACE

01312008 No Chg-LLC

CR2E083 (12/07)

4. FBI Number
20-1371423Applied For
Not Applicable5. 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**

B. 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 too-f applicable.

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW!!! FEE IS \$135.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENSI, ALBERTO 2222 PONCE DE LEON BLVD SUITE 302 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 116, 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

2/12/08 305 4426472

Date

Daytime Phone #