

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025721

Entity Name: 170 BALSAM, LLC

FILED  
Mar 26, 2009  
Secretary of State

## Current Principal Place of Business:

9350 S DIXIE HWY  
PENTHOUSE V  
MIAMI, FL 33156

## New Principal Place of Business:

## Current Mailing Address:

9350 S DIXIE HWY  
PENTHOUSE V  
MIAMI, FL 33156

## New Mailing Address:

FEI Number: 20-2430716

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOLLEY, SHAWN W  
9350 S. DIXIE HIGHWAY  
RENT HOUSE V  
MIAMI, FL 33156 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: KET, LLC,  
Address: 9350 S DIXIE HWY PHV  
City-St-Zip: MIAMI, FL 33156

Title: MGRM ( ) Delete  
Name: GGM, LLC,  
Address: 9350 S DIXIE HWY PHV  
City-St-Zip: MIAMI, FL 33156

Title: MGRM ( ) Delete  
Name: MIMISA #4, LLC,  
Address: 9350 S DIXIE HWY PHV  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHAWN W. TOLLEY

MGRM

03/26/2009

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