2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000032005

1. Entity Name ESWH GROUND LEASE, LLC

Principal Place of Business

3675 SW 24TH STREET MIAMI, FL 33145

Mailing Address

3675 SW 24TH STREET MIAMI, FL 33145 FILED Jan 24, 2008 08:00 AN Secretary of State



DO	NOT	WRITE	IN	THIS	SPACE

01152008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 09-2145902

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONT NEIMAN INTERIAN & BELLET, P.A. ONE BISCAYNE TOWER, 3550 TWO SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

The file of the response of the second

the obli	ove named entity submits this statement for the purpose of chair actions of registered agent	nging its registered office or registered agent, or bot	h, in the State of Florida. It am faphiliar with, and	accept
SIGNATUI	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	ILE NOW!!! FEE IS \$138.75 May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS	- A to a first think the		
TITLE	MGR	and the second second		Querro (b) IC (c)

STREET ADDRESS 2121 NE 190 TERR NORTH MIAMI BEACH, FL 33179 CITY-ST-ZIP MGR TITLE DUNPHY, JOAN NAME STREET ADDRESS P O BOX 669 CITY-ST-ZIP FAR HILLS, NJ 07931 TITLE NAME STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 of the contained in the receiver of the limited liability company or the receiver of the liability company or the liabilit

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPES UP RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

16/08 305-937-0772

or and some of a confidential than the confidence