2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034774

Address:

City-St-Zip:

1430 30TH STREET

WASHINGTON, DC 20007

Entity Name: 1140 NORTH MIAMI AVENUE LLC

FILED Jun 22, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
1140 NOR ⁻ MIAMI, FL	TH MIAMI AVENUE 33136		
Current Mailing Address:		New Mailing Address:	
2430 INAG MIAMI, FL	UA AVENUE 33133		
FEI Number: In accordance	20-2642670 FEI Number Applied For () FEI Nur ee with s. 607.193(2)(b), F.S., the limited liability company did	mber Not Applicable () not receive the prior notice	Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of	f New Registered Agent:
2430 INAG MIAMI, FL		of changing its registers	d office or registered agent, or bettle
in the State	named entity submits this statement for the purpose of Florida.	or changing its registere	d office of registered agent, of both
SIGNATUR	RE:		
	Electronic Signature of Registered Agent		Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete MACLEOD, CHRISTOPHER 2430 INAGUA AVENUE MIAMI, FL 33133	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete ARORA, SUBODH 2816 O STREET WASHINGTON, DC 20007	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete ERICKSON, DENNIS 178 COMMONWEALTH AVENUE, #6 BOSTON, MA 02116	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM () Delete LOVINK, MICHELINE	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER MACLEOD **MGRM** 06/22/2009