

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000088926

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** W/B PINES BOULEVARD GP, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
SUITE 1250  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
SUITE 1250  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-4400037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEARNS WEAVER MILLER WEISSLER ALHADEFF &  
C/O RICHARD E. SCHATZ  
150 WEST FLAGLER STREET, SUITE 2200  
MIAMI, FL 33130 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  
**Name:** WEISER, WARREN  
**Address:** 2121 PONCE DE LEON BLVD SUITE 1250  
**City-St-Zip:** CORAL GABLE, FL 33134

**Title:** MGRM  
**Name:** BROOKS, CAROL  
**Address:** 2121 PONCE DE LEON BLVD SUITE 1250  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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:** TCONRADO

AP

04/25/2012

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