2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000093339

1. Entity Name
W/B BOLTON PLAZA GP, LLC

Principal Place of Business	Mailing Address
2121 PONCE DE LEON BLVD 1250 MIAMI, FL 33134	2121 PONCE DE LEON BLVD 1250 MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

04172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-4399812

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER ALHADEFF
C/O RICHARD E. SCHATZ
150 WEST FLAGLER ST., SUITE 2200
MIAMI, FL 33130

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000936927
05/27/08-80029-017 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WEISER, WARREN
STREET ADDRESS	2121 PONCE DE LEON BLVD 1250
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	MGRM
NAME	BROOKS, CAROL
STREET ADDRESS	2121 PONCE DE LEON BLVD 1250
CITY-ST-ZIP	MIAMI, 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	

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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: _____ 4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #