

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095513

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: CP REALTY AT 50 BISCAYNE, LLC.

**Current Principal Place of Business:**

THE RELATED GROUP  
315 S. BISCAYNE BLVD, 3RD FLOOR  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

THE RELATED GROUP  
315 S. BISCAYNE BLVD, 3RD FLOOR  
MIAMI, FL 33131 US

**New Mailing Address:**

FEI Number: 20-4120365      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: MGR ( ) Delete  
Name: TRELCOM DEVELOPMENT., LTD  
Address: 315 S. BISCAYNE BOULEVARD, 3RD FLOOR  
City-St-Zip: MIAMI, FL 33131 US

Title: MGR ( ) Delete  
Name: C10-11 50 BISCAYNE., LLC  
Address: 315 S. BISCAYNE BLVD, 3RD FLOOR  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES:**

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: JEFFERY HOYOS

VS

04/28/2008

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