

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098957

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: FONTAINBLEAU EAST MIDRISE 15, LLC

**Current Principal Place of Business:**

5835 BLUE LAGOON DRIVE, 4TH FLOOR  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

5835 BLUE LAGOON DRIVE, 4TH FLOOR  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 83-0438318      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHOJAE, MASOUD  
5835 BLUE LAGOON DRIVE, 4TH FLOOR  
MIAMI, FL 33126      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:            P            ( ) Delete  
Name:            MASSOUD, SHOJACE  
Address:        5835 BLUE LAGOON DR. 4TH FL  
City-St-Zip:    MIAMI, FL 33126

Title:            VP            ( ) Delete  
Name:            SHOPAEE, MARIA  
Address:        5835 BLUE LAGOON DR, 4TH FLR  
City-St-Zip:    MIAMI, FL 33126

**ADDITIONS/CHANGES:**

Title:            P            (X) Change ( ) Addition  
Name:            SHOJAE, MASOUD  
Address:        5835 BLUE LAGOON DR. 4TH FL  
City-St-Zip:    MIAMI, FL 33126

Title:            VP            (X) Change ( ) Addition  
Name:            SHOJAE, MARIA  
Address:        5835 BLUE LAGOON DR, 4TH FLR  
City-St-Zip:    MIAMI, FL 33126

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: MASOUD SHOJAE

P

04/23/2009

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