

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015725

FILED
Apr 21, 2008
Secretary of State

Entity Name: DOWNTOWN VILLAGE ASSOCIATES, LLC

Current Principal Place of Business:

880 LAKEVIEW DRIVE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

880 LAKEVIEW DRIVE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 16-1750670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, LEWIS R
1111 BRICKELL AVENUE
SUITE 2920
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

COHEN, LEWIS R MGR
1111 BRICKELL AVENUE
SUITE 2920
MIAMI, FL 33131 US

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: JEFFREY COHEN

04/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COHEN, JEFFREY
Address: 880 LAKEVIEW DRIVE
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGR () Delete
Name: COHEN, LEWIS R
Address: 1111 BRICKELL AVENUE, SUITE 2920
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COHEN, JEFFREY M MGR
Address: 880 LAKEVIEW DRIVE
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGR (X) Change () Addition
Name: COHEN, LEWIS R MGR
Address: 1111 BRICKELL AVENUE, SUITE 2920
City-St-Zip: MIAMI, FL 33131 US

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: JEFFREY COHEN

MGR

04/21/2008

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