2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 16, 2007 8:00 am Secretary of State 04-02-2007 90433 005 ****50.00

DOCUMENT # L06000019188 1. Entity Name PH9/ONE MIAMI EAST, LLC						3 0	Ո Ո 4 Չ T Գ	
Principal Place of Business Mailing Address 141 NW 20TH STREET, SUITE G122 141 NW 20TH STREET, S BOCA RATON, FL 33431 BOCA RATON, FL 33431				3122	1 	D COMO CINA OZIN CEMI CEM	A 2011 (210 likk) Negl (210)	(BIRGO 20)7 61
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apl. #, etc.			03152007	Chg-LLC	CR2E083 (12/06)
City & State		City & State			4. FEI Numb	4536030)	Applied For Not Applicable
Zip	Country	Zip	Coun	Iry	5. Certificate	e of Status Desired	S \$5.00 Au Fee Requir	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	d Address of New R	egistered Agent	
2401 PGA	.EE SHAPIRO, P.A. BLVD., SUITE 272 ICH GARDENS, FL 33410	Street Addre		Street Address ((P.O. Box Numb	per is Not Acceptable)	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		;	City			FL Zip Co	de
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	ad office or register	red agent, or bo	oth, in the State of Flo		, and accept
SIGNATURE _	Signature, typed or printed name of registered agent i	INO	S Acres a	d Agent signature required	of when constating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007							e check payable to Department of Sta	te
9.	MANAGING MEMBE	RS/MANAGERS	10.	···		ADDITIONS /	CHANGES	
TITLE NAME	MGRM MARGOLIS, ALAN W	☐ Delete	TITLE				Change	Addition
STREET ADDRESS CITY-ST-ZIP	141 NW 20TH STREET, SUITE O BOCA RATON, FL 33431	3122	STRE	ET ADORESS -S1-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Ceizis					☐ Change	Additio
TITLE NAME STREET ADORESS		☐ Celetra	TITLE NAM STRE	E E EFT ADDRESS	_		☐ Change	Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAM STRE		*		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAM STRE			,	Change	Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Daleta	TITLE NAM STRE CITY	E E. ET ADDRESS - ST-ZIP			☐ Change	☐ Addition
indicated	certify that the information supplied with on this report is true and accurate and bility company of the receiver or trusted URE:	that my signature shall have a empowered to execute this	report as	e legal effect as it no sequired by Chap	made under oati sier 608, Florida	h; that Iam a manag	rther certify that the ini jing member or manag	ormation er of the