

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058089

Entity Name: 214, L.L.C.

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

2600 DOUGLAS ROAD, SUITE 908  
CORAL GABLES, FL 33134

## New Principal Place of Business:

ONE SOUTHEAST THIRD AVE  
SUITE 1210-SUNTRUST INTL CENTER  
MIAMI, FL 33131

## Current Mailing Address:

2600 DOUGLAS ROAD, SUITE 908  
CORAL GABLES, FL 33134

## New Mailing Address:

ONE SOUTHEAST THIRD AVE  
SUITE 1210  
MIAMI, FL 33131

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUSTIG, ROY R  
2600 DOUGLAS ROAD, SUITE 908  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

LUSTIG, ROY R  
ONE SOUTHEAST THIRD AVE  
SUITE 1210  
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:

04/27/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LUSTIG, ROY R  
Address: 2600 DOUGLAS ROAD, SUITE 908  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LUSTIG, ROY R  
Address: ONE SOUTHEAST THIRD AVE, SUITE 1210  
City-St-Zip: MIAMI, FL 33131

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: ROY R. LUSTIG

MGR

04/27/2007

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