


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90189 010 \*\*\*138.75

DOCUMENT # L06000070115

1. Entity Name  
 MIAMI GREEN TOWER 1, LLC



Principal Place of Business Mailing Address

C/O HOLLY REAL ESTATE, INC.  
 1395 BRICKELL AVENUE, SUITE 900  
 MIAMI, FL 33131

C/O HOLLY REAL ESTATE, INC.  
 1395 BRICKELL AVENUE, SUITE 900  
 MIAMI, FL 33131

60042240



2. Principal Place of Business - No P.O. Box # 370 MINORCA AVE  
 Suite, Apt. #, etc.

3. Mailing Address 370 MINORCA AVE  
 Suite, Apt. #, etc.

04252008 Chg-LLC CR2E083 (12/06)

City & State Coral Gables FL  
 Zip 33134 Country USA

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 Zip 33134 Country USA

4. FEI Number 20-5213842 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARDO & GAINSBURG, LLP  
 2 SOUTH BISCAYNE BOULEVARD  
 SUITE 2475  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Ximena Berrios  
 Street Address (P.O. Box Number is Not Acceptable) 370 MINORCA AVE  
 City Coral Gables FL Zip Code 33134

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ximena Berrios DATE 4/24/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to Florida Department of State

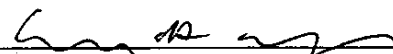
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	MGT 1 MANAGEMENT, INC.	
STREET ADDRESS	1395 BRICKELL AVENUE, SUITE 900	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	370 MINORCA AVE	
STREET ADDRESS	Coral Gables FL 33134	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  DATE: 4/24/08 DAYTIME PHONE #: 305/777-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #