


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000119471</b> 1. Entity Name 200 N. DEARBORN LLC						<b>FILED</b>  <b>07 MAY 25 PM 1:21</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, STE 703 MIAMI, FL 33133				Mailing Address 2665 SOUTH BAYSHORE DRIVE, STE 703 MIAMI, FL 33133			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, STE 703 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RICHARDS, TIMOTHY D 2665 SOUTH BAYSHORE DRIVE, STE 703 MIAMI, FL 33133			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <b>000103894430</b>          06/05/07--01015--001 **700.00       </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u>Timothy D. Richards</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				4/9/07		(305) 858-9900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #	