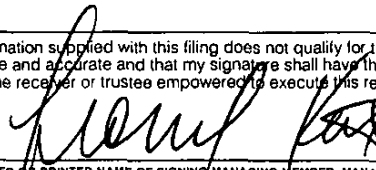


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90125 022 ***138.75

DOCUMENT # L07000115935 1. Entity Name TWJ 250 WEST STREET LLC					
Principal Place of Business 100 S BISCAYNE BLVD SUITE 900 MIAMI, FL 33131			Mailing Address 100 S BISCAYNE BLVD SUITE 900 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State... Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
02192008 Chg-LLC CR2E083 (12/06)				4. FEI Number 26-1421790	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOLLO, JEROME 100 S BISCAYNE BLVD SUITE 900 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLO, TIBOR 100 S BISCAYNE BLVD STE 900 MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLO, JEROME 100 S BISCAYNE BLVD STE 900 MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLO, WAYNE 100 S BISCAYNE BLVD STE 900 MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATZ, LEONARD 100 S BISCAYNE BLVD STE 900 MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 4/8/08 Daytime Phone #		

60027285

